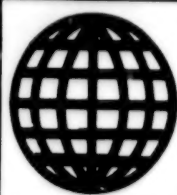


JPRS-TEP-92-009

19 JUNE 1992



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# ***JPRS Report***

# **Epidemiology**

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***AIDS***

# Epidemiology AIDS

JPRS-TEP-92-009

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19 June 1992

[This EPIDEMIOLOGY report contains only material on AIDS. Other epidemiology topics are covered in a later issue.]

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## ANGOLA

### More Than 400 Cases of AIDS Reported

92WE0383A Luanda JORNAL DE ANGOLA  
in Portuguese 6 Mar 92 p 3

[Article by Sebastiao Quinza]

[Excerpts] To date, 421 cases of AIDS have been diagnosed in Angola, with the highest rate in the provinces in the northern part of the country, according to a statement made yesterday by Dr. Sinquia, the WHO representative in Angola.

This WHO official mentioned the provinces of Cabinda, Uige, Malange, Zaire, and Luanda Norte as the ones most affected by the AIDS virus.

She also stated that 75 percent of the cases in Angola were sexually transmitted. Women in our country are being infected at a younger age than men. Infected women range from 15 to 39 years of age while infected men range from 20 to 50 years of age.

Recent statistics cite the fact that 15 percent of those suffering from AIDS in the nation's hospitals have tuberculosis, and, in spite of this, there are still a lot of undiagnosed cases due to the shortage of laboratories equipped to conduct AIDS tests. The symptoms caused by the disease are generally flu, fever, chronic diarrhea, tuberculosis and weight loss, and a persistent cough and sores in the mouth. The disease's incubation period normally depends on the means of transmission. When contact is made through the blood supply, the quantity of the virus is very high, especially when there is no rigorous monitoring of the blood supply.

To minimize the chances of contracting the disease, Dr. Sinquia advises using condoms, which can be acquired at pharmacies or neighborhood health centers. [Passage omitted]

All over the world, many scientists are working on discovering a vaccine, and in this field, some progress has been made, but even so, the WHO representative calls for taking precautions and using condoms, because, according to her, there are no medicines to combat the disease.

The Program to Fight Against AIDS, represented yesterday by Dr. Sinquia and Nurse Jorge, has the support of several organizations connected with the matter and also has the support of the people.

This program will soon promote educational campaigns for pregnant women in Luanda and some of the country's other provinces and is also planning to set up a system to monitor blood and train personnel in the prevention of the disease.

Currently, 43 cases have been diagnosed in Cabinda, 48 in Zaire, 46 in Uige, 53 in Luanda, and 3 in Cuanza Sul.

According to what that specialist said, there is no province in the country that has not been affected by AIDS, although some are reporting more cases than others.

The first worldwide discovery of AIDS was in 1979, with the United States being the country with the highest rate of

infection. It is suspected that the disease already existed prior to its discovery by two scientists (a Frenchman and an American.) Africa has 39 percent of all AIDS cases, with Zaire, Zambia, and Tanzania having the largest numbers of patients.

## BOTSWANA

### Estimates of 40,000 Believed To Be HIV Positive

92WE0402B Gaborone BOTSWANA DAILY NEWS  
in English 21 Feb 92 p 1

[Article by Olekanye Paul]

[Excerpt] At least 40,000 people are believed to be HIV positive in Botswana and the infection is spreading rapidly.

This was said by the Ghanzi District Officer, Mr. Mothibi Monyakeng, during the Ghanzi AIDS Day over the weekend.

Mr. Monyake said the 40,000 figure could be an under-estimation because "the spread of the disease is increasing at an alarming rate."

Mr. Monyakeng said in the Ghanzi District nine cases of AIDS had been reported. He added that about 3.5 percent of the Ghanzi population could be infected with the AIDS virus.

He urged people, even the reluctant ones, to take precautions against this hazardous disease. He added that the most vulnerable group was between 15 and 45 years because they were sexually active. [Passage omitted]

### AIDS Official on Spread of AIDS; 35,000 Infected

MB2405185492 Johannesburg SAPA in English  
1826 GMT 24 May 92

[Text] Gaborone May 24 SAPA—A Botswana AIDS expert has claimed that 35,000 people in Botswana have now been infected with the human immuno deficiency virus (HIV).

Addressing the Zimbabwe Botswana Friendship Association on Friday, Dr. Matshediso Moeti, who heads the Botswana National AIDS Control Programme, said there were now 277 officially registered AIDS cases in Botswana.

"Unofficially more than 2,400 cases are a more accurate figure," she said.

Dr. Moeti said there was a significant amount of underreporting and the spread of HIV was increasing.

"The most vulnerable group is adolescent women," she said.

According to Dr. Moeti, factors influencing the spread in HIV in Botswana included a young population with a large number in the reproductive group, a prevalent early sexual behaviour pattern, a highly mobile population, and promiscuity among both males and females.

The fact that Botswana was a highway from South Africa to the rest of Africa also influenced the spread of HIV in Botswana, she said.

"By the year 2005 there could be a 20 percent increase in fully blown AIDS cases but if all control and preventative measures worked the increase could be about 6 percent," Dr. Moeti added.

## GHANA

### Increase of AIDS in Upper East

92WE0357Y Accra PEOPLE'S DAILY GRAPHIC in English 8 Feb 92 pp 1, 8-9

[Article by Iddrisu Seini, Bolga]

[Excerpt] [Passage omitted] According to the 1991 annual report on health services in the region made available to the GRAPHIC at Bolga yesterday, cases of the dreadful AIDS have been on the increase.

The report said 204 cases of the disease were recorded in the region last year as against 128 in 1990. This shows an increase of 92.2 percent.

AIDS cases in the Bolgatanga district increased from 45 in 1990 to 102 in 1991, thus showing an increase of 126.65 percent. [Passage omitted]

## KENYA

### Study Predicts 2 Million HIV Cases by 1995

92WE0401A Nairobi THE KENYA TIMES in English 29 Feb 92 p 3

[Article by Michael Otieno]

[Text] By 1995, over two million Kenyans will have contracted the Human Immuno-deficiency Virus type one (HIV-1) responsible for the deadly Acquired Immune Deficiency Syndrome (AIDS).

During the same period of time, 320,000 people will have died of AIDS in Kenya according to cumulative estimates attributed to the Ministry of Health.

The shocking figures were contained in a paper titled "Essential National Health Research Priorities" presented at a health research workshop at the Kenya Medical Research Institute (KEMRI) by Dr. Joseph arap Ng'ok and Ms. Rose A. Bwonya of the Long Range Planning Division of the Ministry of Planning and National Development.

In the same paper, the two say that the number of HIV carriers had shot up from 2,000 in 1980 to 700,000 cases by last year.

This is in sharp contrast to figures released by the then Director of Medical Services Professor Joseph Oliech who said that Kenya had slightly over 200,000 cases by the end of last year.

Dr. Ng'ok's and Ms. Bwonya's estimates are based on a paper presented this month to the Budget Steering Committee of Kenya by Dr. Cameroon Short, an economic adviser from Canada and director of LRPD [Long Range Planning Division]. His paper is entitled, "Demographic and Labour Force Situation."

They recommend that the government should step up campaigns to educate the population on the dangers of HIV and its long term implications on national development.

"For example, in 1980, there were only 2,000 HIV carriers and by the end of 1991 the number shot up to 700,000 cases with 42,000 being given as the total deaths attributed to AIDS."

"Projected respective figures for 1995 is 2,124,000 for HIV carriers and 320,000 deaths," said Dr. Ng'ok and Ms. Bwonya.

The workshop was opened by the Minister for Health, Mr. Jeremiah Nyagah, who told the participants that the destiny of health development other aspects of the Kenyan society were in the hands of Kenyans themselves. [sentence as published]

The two Ministry of Planning and National Development officers also recommended that research efforts should be channeled into disease control other than curative methods.

In his presentation, Professor Bill Lore of the Moi University, said that a survey to evaluate the community's perception of diseases and health problems affecting them noted that in Nairobi, sexually transmitted diseases including AIDS were the most prevalent health problem between age 13 and 19 years.

### Over 121,000 AIDS Victims Reported

EA1905075092 Nairobi Kenya Broadcasting Corporation Network in English 0400 GMT 18 May 92

[Excerpt] The personal assistant to the Rift Valley provincial commissioner, Mr. John Nandasaba, has disclosed that over 121,000 people in Kenya are suffering from AIDS. He told a two-week seminar on AIDS at a Nakuru Hotel that the number was likely to double if stringent measures were not taken in good time to curb the disease from spreading further. Mr. Nandasaba called for concerted efforts from all sections of the entire community to arrest the spread of the killer disease. On its part, Mr. Nandasaba said that the government was seriously engaged in awareness campaign to sensitize people on the dreaded disease, AIDS.

### Official Clarifies Reports on AIDS Figures

EA2005101092 Nairobi KNA in English 1730 GMT 18 May 92

[Text] Nakuru, 18 May (KNA)—The Rift Valley deputy PC [Provincial Commissioner] John Nandasaba today clarified reports appearing in sections of the press quoting him as saying that over 121,000 Kenyans suffered from AIDS. He termed the reports as alarmist and a distortion of facts, saying he had actually said 21,475 people were victims, and not 121,000 as reported.

While closing a seminar at a Nakuru hotel on Friday [15 May] Mr. Nandasaba is quoted as saying over 121,000 Kenyans were suffering from AIDS and that the number is likely to increase if stringent measures are not taken. Reacting to this story, Mr. Nandasaba said he was quoted out of context and asked for a clarification of the real figure.



## MOZAMBIQUE

### Red Cross Official on AIDS Training Program

MB2305191292 Maputo Radio Mozambique Network  
in Portuguese 1730 GMT 23 May 92

[Interview with Adelino Mariquel, Mozambique Red Cross national coordinator for the fight against AIDS, by unidentified Radio Mozambique reporter in Maputo on 23 May—recorded; first two paragraphs studio introduction]

[Excerpts] AIDS is a plague. The third seminar for provincial officers involved in the fight against AIDS opened in Maputo on 19 May and closed today. [passage omitted]

Adelino Mariquel, the Mozambique Red Cross national coordinator for the fight against AIDS, disclosed that the seminar had the following aims:

**Mariquel:** As many people are aware, we organized this seminar. In 1990, we signed accords with the Health Ministry concerning our participation in the National AIDS Combat Program. We began by training personnel in all of the country's provinces. We trained 11 people, one per province. It is necessary to try and provide refresher courses to those provincial officers because the AIDS problem is becoming increasingly complicated in our country. As you know, the country has now reported some 448 AIDS cases to the World Health Organization. [passage omitted]

## NIGERIA

### AIDS Cases May Total 2 Million by 1993

92WE0459A Lagos THE GUARDIAN in English  
1 Apr 92 p 32

[Article by Onajome Orere]

[Text] If projections by medical experts prove true, Nigeria will, by next year, have no fewer than two million cases of the Acquired Immune Deficiency Syndrome (AIDS). Vice President Augustus Aikhomu has said. He said in an address sent to the Second All-Nigeria Conference on AIDS organised by the Nigerian Medical Association (NMA) at Gateway Hotel, Ota, Ogun State, yesterday, that as of 31 January, there were 1,933 confirmed cases of AIDS from about 199,663 blood samples screened.

About 105 of these have developed the full blown AIDS.

He based his projection in the speech read by Dr. Shima Gyoh, director-general in the Ministry of Health and Human Services, on the calculation that between 25 March 1991 and January this year, the rate of seroprevalence doubled from about 0.4 percent to 0.97 percent.

If nothing is done, it would rise to 1.8 percent or two million cases next year.

"Simply put, an epidemic is imminent unless we all resolve to change our behavioural patterns," Admiral Aikhomu said, adding that this is quite possible since the main mode of transmission in our part of the world is mainly heterosexual."

Professor Olikoye Ransome-Kuti also said the sub-Saharan Africa, would, by the year 2000, have 14 million AIDS carriers. Over five million of them will die, while nearly four million babies born in this period will have the virus.

Professor Ransome-Kuti said without a vaccine or cure, "education remains the main weapon against the disease."

But he feared stigmatisation of persons affected, reluctance to talk about sexuality, taboos, denial of the magnitude of the problem even amongst medical and health personnel, inadequate nationwide resources and efforts, were obstacles to using this approach to fight the disease political stability."

About 105 have developed the full blown AIDS.

## SOUTH AFRICA

### Rate of HIV Infected Women Noted

92WE0414A Johannesburg SUNDAY TIMES  
in English 5 Apr 92 p 5

[Article by Heather Robertson: "Shock Rate of HIV in Women"]

[Text] One in 80 pregnant women in South Africa has the HIV infection, says the AIDS unit of the Department of Health and Population Development.

This is more than twice the number since the unit's last survey in 1990.

The latest statistics were "conservative", said the unit's Dr. Wilson Castle.

Thirty to 40 percent of babies born to HIV-positive mothers are likely to be infected.

### Legal

Mothers who do not pass on the virus are usually those with a high concentration of the antibodies needed to protect the foetus from infection, said Mr. Daya Moodley, a research scientist at the University of Natal.

Figures show that one in every 240 babies born in the country is likely to develop AIDS.

A woman may have a legal abortion if diagnosed as HIV-positive in the first 12 weeks of her pregnancy, but most discover their predicament too late.

"Few women who attend clinics or who deliver in hospitals are tested for HIV," Dr. Castle said. AIDS is not a notifiable disease in South Africa and women must request a test unless they are subject to random research.

Johannesburg's overcrowded inner city has been identified as the worst affected area in the country. The number of women found to be infected at the Johannesburg Hospital is one in 20.

In December 1991 one in 78 pregnant women was found to be HIV-positive. This had increased by March to one in 38.

"The increase is shattering," said Professor Ernst Sonnen-decker, head of the Department of Obstetrics and Gynaecology at the University of the Witwatersrand.

Dr. James McIntyre, chief of the ante-natal AIDS clinic at Baragwanath Hospital, reports that one in every 50 pregnant women there is HIV-positive.

"The virus is more prevalent in Johannesburg's inner city than in Soweto because its population is less stable," Professor Sonnendecker said.

Even though about two of every three babies born to HIV-positive women are not infected, doctors are concerned about the numbers of AIDS orphans the country will have to deal with when parents die of the illness.

In a research study of 100 HIV-positive women at Baragwanath, Dr. McIntyre found that women are most often being infected by their husbands or long-term partners who have been associating with a number of other women.

### Statistical Modelling Suggests 400 Per Day AIDS Infected

MB2404164592 Johannesburg SAPA in English  
1435 GMT 24 Apr 92

[Text] Johannesburg April 24 SAPA—More than 400 people a day are likely to contract the HIV virus in South Africa this year, according to the Statistical Service, AIDS Modelling Group [AMG].

AMG convenor Mr. Peter Doyle said this would result in an additional 160,000 adults infected with the HIV virus by the end of 1992.

"The frightening prospect is that by 1995, 23,000 adults will be suffering from full-blown AIDS," Mr. Doyle said at a Johannesburg news conference.

Commenting on the results of the second national HIV survey by the Department of National Health and Population Development, Mr. Doyle said the AMG computer-generated statistical models suggested the number of HIV-infected adults had reached 185,000 at the end of last year, which was similar to the official estimate of between 178,000 to 192,000.

Mr. Doyle, who pointed out that South Africa now had the best AIDS data in Africa, said apart from the number of HIV infected cases, the AIDS virus was already leaving hundreds of children without parents.

The AMG estimated the total number of AIDS orphans this year at over 2,000. This figure was likely to rise to 22,000 within the next three to four years.

According to the AMG one of the grey areas in researching the impact of AIDS was that little was known so far of the HIV infection incubation period until the onset of AIDS itself.

"Early data suggests that the average incubation period will be over eight years for South Africans. This is in line with the experience in the United States," Mr. Doyle said.

While the number of HIV cases had doubled in 1991, the AMG said the doubling period would lengthen as a greater percentage of the population became infected. The doubling period was expected to extend rapidly until reaching more than 24 months by 1995.

Mr. Doyle said the South African HIV pandemic was expected to peak by the year 2010.

### KwaZulu Health Minister Says AIDS Becoming Major Problem

MB2604081792 Johannesburg South African  
Broadcasting Corporation Network in English  
0600 GMT 26 Apr 92

[Text] The deputy minister of health for KwaZulu, Dr. Lisa Mthlane, said that AIDS is on the increase, and is becoming a major problem in KwaZulu. Speaking at the Natal conference for hospice workers at Howick in the Natal Midlands, Dr. Mthlane said there were insufficient facilities to cope with the increase in AIDS cases, and, therefore, home care should be considered as a possible solution to the problem. Dr. Mthlane also emphasized that traditional perceptions of death should be taken into consideration in the treatment of a black patient.

### Ninety-One New Cases of AIDS First Three Months of 92

MB2804145092 Johannesburg SAPA in English  
1431 GMT 28 Apr 92

[Text] Parliament April 28 SAPA—More AIDS cases had been reported in Johannesburg over the past ten years than in any other South African city, according to an AIDS update document released by the Department of National Health on Tuesday.

A total of 288 cases had been reported there since the beginning of 1982, and 143 people died of the disease in the city over the same period.

In Soweto, reported cases were 138 and deaths 54; in Durban 196 and 22, and in Cape Town 145 and 81.

The cumulative national total of reported cases was 1,186 with 42 deaths.

The majority of the cases had been reported in males.

The document said 91 new cases of AIDS and 13 deaths had been reported nationwide in the three months to March 31 this year.

### Rate of HIV Infection Said To Be Decreasing

92WE0472A Johannesburg SUNDAY TIMES  
in English 3 May 92 p 11

[Article by Cas St Leger: "AIDS: The Doom Doctors Wrong"]

[Text] The rate of HIV infection in South Africa is slowing down, in line with international trends and contrary to predictions of an AIDS doomsday.

The Department of National Health and Population estimates that 200,000 people in SA are HIV-positive.

By the end of the year, the figure is expected to reach 300,000—which is 150,000 less than the 450,000 forecast for the end of 1991 by Dr. Nicky Padayachee, Johannesburg's senior medical officer of health in 1990.

### Saturation

AIDS experts attribute the dramatic drop to the fact that infection in high risk groups—homosexuals, drug abusers and promiscuous people—is reaching saturation point.

Low risk groups—people in monogamous relationships or who practise safe sex—will take longer to become infected.

The time it takes for the number of cases to double has increased from six months in 1987 to 14 months at present. By 1995, the doubling time will be more than 24 months.

Dr. Padayachee's prediction, made in 1990, was based on an eight-and-a-half-month doubling time.

He was not available for comment this weekend on the new statistics.

Dr. Wilson Carswell, medical adviser to the Department of National Health and Population's AIDS Unit, said the reason for the lengthened doubling time was biological.

"HIV is overwhelmingly spread by sexual intercourse. The first people in a community to be infected are usually those with the greatest number of sexual partners. There is a rapid spread within this group.

"As individuals or groups who have fewer partners become infected, the rate of infection slows."

Most recent figures for South Africa show that there are 1,186 patients with clinical AIDS, of whom 424 have died.

New infections are currently estimated at 400 a day, which will result in approximately 750,000 HIV infections by 1994.

This is a far cry from the U.S.-based Population Research Institute's predicted 12.8-million HIV-positive people in South Africa by 1995.

Research abroad shows a slowing trend similar to that in South Africa, with the World Health Organisation reporting 120,000 AIDS cases during the past eight years and six million HIV-positive Africans.

### Army

Scientists in the U.S. and Europe are now revising their original estimates.

Dr. Peter Duesberg of the University of California, Berkeley, says that in the seven years since HIV testing became available, the official estimate of the number of Americans carrying the virus has remained constant at about one million.

Screening of male and female U.S. Army recruits has shown a constant proportion of 0.03 percent HIV-positive.

A theory put forward by dissident scientists abroad—that HIV infection does not automatically lead to AIDS—is being treated with caution by South African experts.

Dr. Malcolm Steinberg, of the SA Medical Research Council, said it was "a very dangerous hypothesis."

### Transkei Bans Release of AIDS Information to Media

MB2305151992 Umtata Capital Radio in English  
1500 GMT 23 May 92

[Text] The Transkei Health Department has banned the release of information to the media about AIDS cases in the territory. The department's chief director has confirmed the ban, saying the health minister complained that journalists distorted information given to them.

The department's chief control educator, who freely gave the information in the past, is now also refusing to part with AIDS-related information, as a result of the instruction.

## SWAZILAND

### Estimate of 15,000 With HIV

MB2604183292 Mbabane TIMES OF SWAZILAND  
in English 24 Apr 92 p 1

[Editorial Report] There might be as many as 15,000 people with the HIV virus in the country, according to information revealed at an AIDS conference here on 23 April. It was stated at the meeting that, according to the World Health Organization research on the spread of AIDS, there are 100 HIV positive cases for every one AIDS case reported. To date, there have been 147 reported cases of AIDS in Swaziland, meaning that there could be as many as 14,700 cases of HIV positive individuals in the country. It was further revealed that the 147 cases only represented 10 percent of the cases believed to exist but unreported countrywide.

## UGANDA

### Districts Train HIV/AIDS Counselors

92WE0400A Kampala THE NEW VISION in English  
28 Feb 92 p 13

[Article by Frederick Nyakabwa/UNA Fort-Portal]

[Excerpt] The AIDS Control Programme (ACP) Co-ordinator, for Kabarole and Bundibugyo districts, Dr. Paul Kabwa, has called upon people in other professions outside health, to come up and take short courses in HIV/AIDS counselling, and acquire basic skills and knowledge to enable them to share the challenge.

He made the call at the end of a two-week HIV/AIDS Counsellors' course for 26 health workers, at Kyembogo District Farm Institute (DFI) near Fort-Portal, Kabarole District, on February 21.

The health workers came from health units in Kabarole and their course was organised by Dr. Kabwa and sponsored by the German Technical Cooperation (GTZ) Health Project, on Basic Health Services (BHS).

Topics covered in the course included keeping records of HIV/AIDS, pre-test counselling, post-test counselling, pre-diagnosis counselling, educating the Health Units staff on HIV/AIDS and procedures.

Closing the course, the DA, Mr. John Butime, expressed great concern about the rate of deaths caused by AIDS. He was also alarmed by the figure of 1.5 million HIV Positive Ugandans.

The DA said AIDS was a major health problem in the district. He noted that the recent sero-survey among women attending ante-natal clinic, shows a rate of about 23 percent in Fort-Portal Municipality and about 3 percent in the rural areas. He also observed an increase in AIDS patients in health units.

[Passage omitted]

### AIDS Commission Head Opens Seminar

EA2205094592 Kampala Radio Uganda Network  
in English 1900 GMT 20 May 92

[Excerpt] The director general of the Uganda AIDS Commission, Mr. Steven Lwanga, has said that at least 66,000 people will die of AIDS in Uganda this year alone. Mr. Lwanga disclosed this today while opening a three-day seminar on multisectoral approach strategy to combat AIDS at the Cardinal Nsubuga Leadership Training Center, (Nsambya), near Kampala. He said statistics available show that 230,000 people have [the] HIV infection, and out of this it is expected that 70,000 children below the age of 15 years will be orphaned after their parents have died of AIDS. He said another 18,000 children under five will also be orphaned after their parents have perished from AIDS. [passage omitted]

## ZAIRE

### Largest AIDS Center Risks Closing

92WE0394A Algiers LE SOIR D'ALGERIE in French  
Mar 92 p 7

[Text] Political and social instability in Zaire threatens to cause the closure of the AIDS project in Kinshasa, the principal AIDS research center in Africa.

According to Dr. Manzila Tarande, deputy director of the center, this center has no more than 5,000 condoms and has no test kits to detect the disease. Also lacking is equipment necessary to analyze tests to detect other, sexually transmitted diseases that can facilitate infection with AIDS.

Dr. Tarande said: "In fact, the AIDS project is about to close down" by July 1992 at the latest. He added: "This will be a very great loss." Researchers from several foreign countries have closely watched the results obtained at this center.

The center is financed in part by the Center for Disease Control (CDC, the organization charged with watching over diseases in the United States). However, the Americans have announced that their aid would end on 30 September 1992, particularly due to the fact that Zaire is not in a position to ensure the security of the foreign nationals who oversee the work.

Dr. Tarande explained that the AIDS project has not succeeded in following, as intended, about 2,000 women and children infected with the disease, because it can no

longer provide them with medicine and no longer has transportation facilities making it possible to bring them to the center or to visit them at home.

Furthermore, when they are deprived in the near future of the condoms previously provided free of charge by the center, the prostitutes of Kinshasa will have to purchase them. As there is no doubt that they will not purchase the condoms, the disease threatens to expand still further, when it already affects between 5 and 7 percent of the women in Kinshasa.

In the view of Dr. Tombe Diabeno, chief of surgery at Mama Yemo Hospital, the largest in Kinshasa, only sick persons with enough money to buy surgical gloves or alcohol for their doctors can be treated in the future. He stated: "If they have no money, they will die."

## ZIMBABWE

### High AIDS Incidence Among Children

92WE0434A Harare THE HERALD in English  
19 Mar 92 p 8

[Excerpt] Mberengwa—About 30 percent of full-blown AIDS cases in the Mberengwa district of the Midlands is in children under the age of four years, according to local health authorities.

Acting District Medical Officer Dr. Wilbert Spaans said that last year there were 127 cases of full-blown AIDS in the district while 407 people were diagnosed HIV positive.

"There has been a sharp increase in the number of AIDS cases in the district and an acute one in the one-year-olds," he said.

About 60 percent of the HIV positive cases was in the 15 to 30 years age group. Most of these were women, mainly single, he said, adding that "single women were at high risk."

In the last three years, 1,200 people were diagnosed HIV positive in the district. [Passage omitted]

### Government Reportedly Announces '1 Million' HIV Positive

MB0804060092 London BBC World Service in English  
0430 GMT 7 Apr 92

[Report from Harare correspondent Sarah Samson on the "Network Africa" program—first paragraph is studio introduction]

[Text] Well, today, if you didn't know, is world health day. This year it sees a global campaign to highlight the need to look after your heart. Well, it is also a time to look, not just at special campaigns but also the daily work of hospitals and there, in places like the main hospital in Harare, in Zimbabwe, problems like heart disease are often overshadowed. The big problem is AIDS, as Sarah Samson reports:

[Begin Samson recording] The admission ward for Harare Central Hospital groans under the number of the people needing treatment. They lie on stretchers with glazed eyes. Out of the 50 patients in the rooms, 20 are HIV positive. In



another ward, 90 percent of the admissions last week had HIV-related illnesses such as tuberculosis and pneumonia. Tuberculosis was nearly eradicated 10 years ago in Zimbabwe, but now it's one of the first diseases which hits someone with AIDS and hospitals all over Zimbabwe echo to the sound of rasping coughs. The government acknowledges that there is AIDS in the country, announcing last week that 1 million Zimbabweans were infected. The doctors believe this number is still conservative, saying it is far nearer to 2 million, and criticizes [as heard] the government for not doing enough to help.

Many essential drugs are simply not available, resulting in an episode I saw in which a nine-year-old boy had a minor operation with no anesthetic, just two nurses and a doctor to

hold him down. It's because of the lack of resources that some surgeons are no longer doing any major operations on HIV infected patients. This action is only taken on major surgery, but one doctor warned that he might do the same on smaller operations.

Meanwhile, the Ministry of health has just begun a large AIDS prevention campaign. This will involve health workers in rural areas teaching communities about the disease and how it is spread. This might prevent [word indistinct] like that of little Nomsa Moyo, born a year ago. She has AIDS and will be celebrating her birthday today, ironically on World Health Day, but her grandparents believe that this will be her last birthday. [end recording]

**Over 200 AIDS Carriers***HK1603012092Z Beijing CHINA DAILY in English  
16 Mar 92 p 3*

[Article by staff reporter Zhu Baoxia: "Epidemic Death Down Despite the Flood in '91"]

[Excerpt] Last year, a total of 212 people were detected to have contracted HIV virus, which can lead to the fatal disease of AIDS, among whom 177 are Chinese mainland residents. One of them had already developed AIDS.

**AIDS Prevention, Cure***HK0406104692 Beijing GUANGMING RIBAO  
in Chinese 9 May 92 p 5*

[Article by Zeng Liming (2582 0448 2494): "Drive Away AIDS Phantom That Has Entered China—Situation of Prevention and Cure of AIDS on Chinese Mainland"]

[Text] On 23 June 1985, the Foreign Patient Section of Beijing's Concord Hospital admitted an Argentinian-American patient called (Meixina) (2734 6007 4780), who was suffering from a high fever. The duty surgeon, Wang Aixia, a professor of infectious diseases, found the patient had some special symptoms. The patient himself claimed to have contracted pneumonia, but the symptoms seemed to indicate immunological deficiency. While conducting a blood test on the patient, she managed to contact the patient's family doctor in the United States and learned from the latter that (Meixina) had been identified as an AIDS patient. The 34-year-old American patient finally died of pneumocystis carinii pneumonia, less than seven days after hospitalization. He was the first AIDS patient ever encountered by surgeons on the China mainland.

Eighteen months later, a Hong Kong man who had been residing in the United States for nine years was hospitalized in a medical ward of the Fujian Provincial Hospital. Diagnosis by the China Academy of Preventive Medicine confirmed that the man had contracted AIDS gastroenteric syndrome. The patient, who was a cook, died 32 days after hospitalization. His case was the first AIDS case ever identified by mainland Chinese doctors.

On 9 February 1987, an official from the Zairian Embassy in China who had contracted AIDS went to the Beijing Concord Hospital for medical treatment. He was transferred to Hong Kong 10 days later and admitted to Princess Margaret Hospital. He died in that hospital on 6 March the same year, before which the results of his medical tests conducted at the Concord Hospital had already been sent to Hong Kong, which showed a positive reaction to the AIDS antibody test.

**The Wolf Has Really Come**

These three cases of AIDS infection sounded like crying "wolf," serving as an alarm to the mainland Chinese public health circles. In October 1987 the Ministry of Public Health set up a working group for the prevention of AIDS, and a nationwide AIDS monitoring operation was started immediately. Medical specialists called on all social sectors to take measures to bar AIDS—the disease of the century—

from China's territory. However, the doctors' good wish has not been realized. Wandering over the mainland, the ghost of AIDS finally stealthily landed on China's clean land, and the virus began to spread. As announced by the Ministry of Public Health, AIDS has been spreading farther and farther in the country year after year since 1987:

In 1988, a total of 32 cases of AIDS infection were detected in the China mainland (of the 32 patients, 26 were foreigners, four were haemophilia patients who contracted AIDS through infusion of imported blood products, one was an individual who returned from abroad after working on a project aiding a foreign country, and one was a venereal disease patient in Beijing).

In 1989, a total of 146 cases of AIDS infection were reported.

In 1990, 446 people were found to be infected with the AIDS virus, of whom 398 were China mainland residents.

In 1991, 212 people in the country were newly identified as being infected with the AIDS virus (including three AIDS patients). So far a total of 705 cases of AIDS virus infection have been monitored in the China mainland, and eight AIDS patients have been identified, three of whom were China mainland residents who died last year. These 705 cases of AIDS virus infection were found among major population groups monitored in 15 provinces, municipalities, and autonomous regions, including Liaoning, Yunnan, Guangxi, Guangdong, Fujian, Zhejiang, Shaanxi, Hunan, and Beijing.

An official of the Chinese Ministry of Public Health confirmed that AIDS has already entered the China mainland. According to Dai Zhicheng, director of the epidemic prevention section, who is in charge of the prevention and treatment of AIDS, the number of people infected by the AIDS virus on the mainland has been increasing rapidly since the discovery of the first case of local infection in 1988, and now the former pattern, mainly consisting of cases of overseas infection, has changed into one mainly made up of cases of local infection. Most local AIDS-infected people were found among the drug addict population, venereal disease patients, prostitutes, people traveling abroad to visit relatives and people who have returned from abroad after working on labor service projects, spouses of those who have been infected with the AIDS virus, and haemophilia patients. In terms of infection channels, some cases of infection through sexual intercourse and blood contact have been reported. Although no cases of maternal-fetal infection have been found yet, there is a latent possibility, and the situation is not optimistic, but grim.

The actual situation that China mainland hospitals are facing conforms with Director Dai's analysis. Of the six cases of AIDS infection found in the Beijing area in 1990 and 1991, three were staff members of foreign embassies in China, two were Chinese who had returned from working abroad, and one was a worker who had had homosexual relations with foreigners. Of the six individuals infected, five have already died and the other is suffering from the disease. Of the 615 individuals in the China mainland who have been found to be infected by the AIDS virus, about

four-fifths were from Yunnan Province, and most of them were infected through sharing a needle when taking drugs.

### **Beijing AIDS 'Hotline' Proves Successful**

HK2805025892 Beijing CHINA DAILY in English  
28 May 92 p 3

[Article by staff reporter Zhu Baoxia: "Hotline Offers Advice on AIDS"]

[Text] A woman from Sichuan Province doubted that she had contracted the HIV virus which leads to the fatal disease of AIDS. She dare not talk with anyone, except for a questionless friend—the AIDS Help Hotline in Beijing.

One by one, the hotline adviser answered her inquiries and told her in detail about the symptoms of HIV carriers and finally he persuaded her to have a thorough physical examination and blood test immediately.

Under his encouragement, the women went to hospital for a check-up, and results showed that she had contracted not the HIV virus but common venereal disease and could be cured through routine medical treatment.

For many Chinese, AIDS remains a subject that can only be discussed privately.

But, with an increasing number of HIV carriers being detected among mainland Chinese residents, medical workers are trying to turn it into a street topic and to put it over through hotline talks.

And they have done it.

The country's first AIDS Help Hotline was set up last month by the China Health Education Research Institute, and by last week, about 160 people had called for help.

Most of the callers are men between 20 to 44 years. Their questions centered on AIDS symptoms, its infection channels, virus-testing techniques, self-protection methods and medical therapies for the disease.

Eight of them said that they have homosexual behavior. One said he had experiences with prostitutes.

A resident in Zhejiang Province found himself at a "cross-road" when he learned that one of his relatives had contracted the HIV virus. He could not decide whether or not to visit the patient for fear that he himself might also be infected.

The hotline put him at ease. He was told that normal contacts with patients would not endanger his health.

There are currently 20 specialists working for the hotline between 4:00 pm to 8:00 pm from Monday to Saturday.

All the staff is from major hospitals and medical research institutes in Beijing, including China Health Education Research Institute, Beijing Hospital, Beijing Union Medical College Hospital, Beijing Medical Sciences University and the Beijing Gynaecology and Obstetrics Hospital.

"We want to get more people informed of the severe HIV situation in China, and to contribute to the country's AIDS control strategy," said one of the advisers, who did not give his name.

By the end of last year, 708 mainland Chinese had contracted the HIV virus, including eight who have developed AIDS.

Most are drug addicts in southern China's Yunnan Province, who got infected through intravenous injections with unhygienic syringes.

Apart from giving advice to people on the telephone, the China Health Education Research Institute also helps train hotline advisers for other provinces in hopes that more such services will be made available to the public in all parts of the country, especially in areas with high incidence of HIV positive cases.

## REGIONAL AFFAIRS

**Thailand, Burma To Cooperate in Fight Against AIDS, Malaria**

BK2704010592 Bangkok BANGKOK POST in English 27 Apr 92 p 6

[Text] Thailand and Burma have agreed to cooperate in fighting the spread of AIDS and malaria along their common border. Public Health Deputy Permanent Secretary Thira Rammasut said over the weekend.

Dr. Thira, who returned recently from Rangoon where he had gone to discuss health problems along the Thai-Burma border, said the meeting agreed to take steps to stem the spread of AIDS and malaria which are threatening the peoples of the two countries.

The meeting, he said, identified three border crossings as areas vulnerable to the spread of the two diseases. They are Mae Sai District of Chiang Rai and Tachilek of Burma, Mae Sot District of Tak and Myawadi and Muang District of Ranong and Burma's Kaw Thauang.

Dr. Thira said a large number of Thais and Burmese pass through the three crossings every day. Anyone infected with a communicable disease can easily transmit the infection to others, he added.

Malaria clinics will be set up to provide blood checks and treatment as well as education in health care, he said, adding that those with advanced malarial symptoms can be taken to hospitals on either side of the border.

To prevent the disease from becoming drug resistant, Dr. Thira said, both sides would use the same treatment.

On AIDS, the deputy permanent secretary said educational campaigns would be stepped up because of the presence of large number of service girls—mostly Mon, Karen and Shan—who have problems of communication.

Border checkpoints, which are the most important interception points, will be used to educate the girls on safe sex.

Selected girls and fishermen will be recruited to undergo a training course so that they can spread the message to their colleagues.

Special mobile medical units will be set up to follow up on AIDS cases.

## HONG KONG

**Number of HIV Carriers Rises to 276**

HK2604065692 Hong Kong SOUTH CHINA SUNDAY MORNING POST in English 26 Apr 92 p 3

[Text] Four men were diagnosed as HIV carriers last month, bringing the total number of AIDS infected persons in the territory to 276.

Referring to Government statistics released yesterday, a spokesman for the Department of Health said no new cases of AIDS were reported during the period and the number of confirmed cases remained at 61.

Dr. Lee Shui-shan, a consultant physician for the Department of Health, said yesterday that the people of Hong Kong should join in the war against the killer disease.

So far, 40 AIDS patients have died and 21 others are either under treatment or have left the territory.

Under the HIV surveillance programme started in 1985, 229,771 blood specimens have been tested for the HIV antibody.

The Hong Kong Red Cross blood transfusion service has also screened all donors for AIDS. Up to last month, 18 donors were found to be HIV positive.

**Doctors Urged To Divulge Information on AIDS Patients**

HK2405054092 Hong Kong SOUTH CHINA MORNING POST in English 23 May 92 p 2

[Article by Fiona Chan]

[Text] Doctors are being urged to furnish vital information on their AIDS patients to enable the Government to plan a strategy to fight the killer disease.

The number of reported cases stands at less than one-tenth of the 5,000 the Government's AIDS experts estimate the territory has.

Up to the end of last month, only 280 HIV carriers, four more than the figure for March, had been reported to the Department of Health.

The head of the department's AIDS preventive unit, Dr. Lee Shui-shan, said his estimation was based on developments in other countries.

He believed the huge discrepancy was the result of most patients consulting private doctors, who were not forced to disclose the information.

Data on AIDS is collected mainly by the government virus laboratory which does second tests on specimens referred to it by all public hospitals and some private laboratories.

AIDS is not one of the 23 notifiable diseases all medical practitioners are required to report to the department.

The department is planning at least two seminars, probably jointly organised with other associations, to lobby doctors for help.

Dr. Lee suggested doctors could maintain better communications with the Government's AIDS experts to share experiences in fighting the disease.

The message will be contained in the new version of an AIDS pamphlet to be distributed to all doctors in a fortnight.

The pamphlet also gives the latest information on the disease which surfaced in the territory in 1985.

Dr. Lee rejected legislative measures to press doctors to divulge the necessary information, on the grounds that this might push patients into going overseas for testing or even avoid tests altogether.

"It will make it more difficult to control the disease," he said.

Describing doctors as cooperative, Dr. Lee said the resistance probably came from patients who did not want to be embarrassed.

The type of information the department collects deals with the age, sex and "risk behaviour" of patients. Identities are kept confidential.

Dr. Lee said the information collected at the moment was sufficient for the department to predict trends, based on studies done in other countries.

"We look into the trend rather than the real figures," Dr. Lee said.

One of the four new HIV carriers reported last month is female. All are adults and three were infected through sexual intercourse. Doctors have not been able to determine how the fourth person became infected.

Of the 280 HIV-infected patients in Hong Kong, 60 were haemophiliacs, 186 acquired the infection sexually, five were drug abusers and three got the illness through blood transfusions.

Meanwhile, the department is organizing a publicity campaign called "The Youth Funding Scheme on AIDS" which will encourage people in the 16 to 35 age bracket to organise AIDS-related activities.

The scheme will provide \$8,000 for each of 10 youth groups or organisations to work on projects by the end of this year.

Interested parties can contact the secretary of the working group on youth on 8351821.

## JAPAN

### HIV Carriers in Japan Hit Record High in March-April

OW2605132192 Tokyo KYODO in English 1303 GMT 26 May 92

[Text] Tokyo, May 26, KYODO—The number of newly identified AIDS sufferers and HIV virus carriers in Japan in March and April reached a new two-month high of 84, the Health and Welfare Ministry's AIDS Surveillance Committee said Tuesday.

The committee said more than half the newly identified sufferers were foreign women in the entertainment industry.

The survey showed the life-threatening virus was found in four prefectures where it was not previously recorded, indicating it has spread to all 42 prefectures and major cities in Japan.

The ministry issued an urgent call for more widespread use of condoms as a preventive measure.

The latest bimonthly figures include 15 actual AIDS (acquired immune deficiency syndrome) cases and 69 cases of infection with the HIV, or human immunodeficiency virus.

The figure is considerably more than the previous record of 61 cases posted in November and October, 1991.

It brings the combined total of cases to date to 2,226.

Eight persons died during the two months of the latest survey, bringing the total number of AIDS-caused deaths to 246.

A breakdown of AIDS sufferers and HIV-infected persons for the two-month period showed 28 Japanese males, 10 foreign males and 46 foreign women affected.

The survey found no new Japanese female AIDS sufferers or virus carriers.

Thirty-two of the cases were caused by sexual contact with the opposite sex and 11 were caused by homosexual contact between males, while the cause could not be clearly identified in 41 other cases.

Eight of the sufferers were in their late teens, 49 in their 20s, 11 in their 30s, and eight each in their 40s and 50s.

Of the foreign women sufferers, 37 were Thai and the remaining nine were from Africa and South America. Most were involved in the entertainment industry.

Of the 11 Japanese males who became infected through heterosexual contact, four contracted the virus in Japan and seven contracted it overseas.

The committee said the figures indicate that heterosexual contact is becoming the main form of transmission of the virus in Japan.

### Government Council Approves New Anti-AIDS Drug

OW0306124592 Tokyo KYODO in English 1223 GMT 3 Jun 92

[Excerpts] Tokyo, June 3 KYODO—The Central Pharmaceutical Affairs Council asked Health and Welfare Minister Tokuo Yamashita on Wednesday to approve the import and sale of a new anti-AIDS drug that scientists say can slow down exacerbation of AIDS-related symptoms.

An official said the ministry's blue-ribbon panel recommended that the Japanese subsidiary of Bristol-Myers Squibb Co. be able to market the drug in Japan as a prescription pharmaceutical to be covered by the public health insurance program.

The new drug, "Didanosine," code-named DDI, is capable of increasing the number of AIDS-containing CD4 cells in the human body and blocking a proliferation of life-threatening human Immunodeficiency Virus (HIV), the council said.

DDI will be the second anti-AIDS drug to be sanctioned by the Japanese government, which earlier approved the sales of Azidotimidine (AZT).

DDI provides fewer side effects than AZT, which undermines the blood-producing capability of human bone marrow, the council said.



Alerted by the rapid increase of AIDS patients in Japan, the ministry will halve the ministry's screening period for approval to two weeks following the council's endorsement, the officials said.

Six weeks after the final ministerial endorsement is secured, AIDS patients and HIV virus carriers can receive the drug with the benefits of official health insurance coverage, the officials said.

DDI was developed by Dr. Hiroaki Micniya and his research team at the U.S. National Institute of Health. [Passage omitted]

Domestic clinical tests were conducted on 70 AIDS patients and HIV carriers with AIDS-Related Complex (ARC) symptoms in 24 medical universities and institutions, according to Bristol-Myers spokesman Tetsuzo Inokawa.

The tests showed that the number of AIDS-containing CD4 cells in HIV carriers underwent an average 40.8 percent increase after administration of the new drug. The number of life-threatening HIV viruses showed a 61.1 percent drop on average, the council said. [Passage omitted]

## SOUTH KOREA

### AIDS Impact Seminar Warns of Over 500 HIV Carriers

SK3004014592 Seoul THE KOREA TIMES in English 30 Apr 92 p 3

[Article by staff reporter No Chun-hun]

[Text] In South Korea, the spread of the deadly AIDS (acquired immune deficiency syndrome) has reached a stage where it is transmitted through normal heterosexual relationships.

And, even though the number of people carrying the HIV (human immuno-deficiency virus) virus officially stands at 185, the actual figure is believed to be well over 500.

These observations and inferences were made by Prof. Yang Pong-min of Seoul National University during a recent seminar on the social and economic impact of AIDS organized by the National Institute of Health.

According to Prof. Yang, for a man in his 30s infected with the HIV virus, it would cost some 190 million won to provide medical and other treatment until he succumbs.

"The transmittal of the disease is generally broken down to four stages and studies have shown that South Korea is between the second and third stages," he explained.

The first stage is one where the bringing in of the disease by foreigners into a certain country and the second the transmission of the virus among homosexuals, bisexuals and drug addicts who share syringes.

In the third stage, Prof. Yang said, the virus is transmitted through normal heterosexual relationships. The final stage is reached when people who engage in liberal sexual activities become infected.

Although statistics on the number of homosexuals and bisexuals in Korea is not available, conservative estimates based on the figures from Japan indicate that there should be at least 144 people in these categories who are already carrying the HIV virus, he elaborated.

Add to this 30 persons who may have become infected through blood transfusions, 25 in entertainment businesses, 185 known carriers, and 70 Koreans working on long-term contract abroad, 78 sailors and 21 foreigners who could be carriers, the estimate stands at 556.

"Health experts who have been engaging in studying the pattern of AIDS transmittal are almost certain that the stage of the disease in Korea is by no means primary. It has begun to affect normal couples," Prof. Yang warned.

Aside from the social implications of the increase in the number of AIDS patients and virus carriers, there are economic aspects which cannot be overlooked.

In the United States, an average person who acquires AIDS has the ability to support himself or herself for 16.2 months since he or she is unable to continue working.

"The result is that the government must somehow find the means of treating these patients and the total cost can be astronomical. Our estimates show that a man becoming infected with the disease would require 190 million won for medical treatment," Yang elaborated.

Taking the step one step further, he noted, it could deliver a devastating blow to a country like Korea where the shortage of manpower is already a serious problem.

Considering the long-lasting implications of AIDS, the government, particularly the Health-Social Affairs Ministry, must kick off more effective publicity campaigns to enhance the awareness of the people to the ultimate dangers of AIDS.

Along with such drives, programs to raise funds for treating patients and acquire facilities for administering such treatment must be initiated as soon as possible, Prof. Yang said.

## LAOS

### Columnist Discusses AIDS Problem

92WE0356A Vientiane PASASON in Lao 21 Feb 92 p 3

["For Health" column]

[Excerpts] [passage omitted] The World Health Organization estimates that by the year 2000, approximately 30-40 million people worldwide will have AIDS. Of these, approximately 12-18 million will reside in Southeast Asia. The AIDS epidemic is very alarming in Thailand, which is a neighbor of ours. It is thought that about 400,000 people in Thailand have the AIDS virus. In some areas there, 4 percent of the people have AIDS, which is a very high percentage. The World Health Organization estimates that within the next eight years, the number of people with the AIDS virus will increase 10 fold. [passage omitted]

In Laos, during the past two years, seven people with the AIDS virus have been found. This year, in Vientiane City,

six people have been found with the AIDS virus. Of these, three are former refugees who returned from Thailand. The other three are prostitutes.

There is still no drug to prevent or cure AIDS. The best way to fight this disease is to use public health measures. But people have tended to ignore such measures. Preventing AIDS is a task for the entire family, not just individuals. This is an international problem; it is not a problem that is limited to just individual countries.

In the face of this frightening situation, every country should make AIDS prevention in neighboring countries an important part of their own national plan. In Laos, public and private organizations, communities, and various groups must work together closely to deal with this great danger. [passage omitted]

## MALAYSIA

### Health Ministry on Automated Testing Unit

BK1601120492 Kuala Lumpur NEW STRAITS TIMES in English 15 Jan 92 p 10

[Excerpt] Kuala Lumpur, Tues.—[Passage omitted] Health Minister Datuk Lee Kim Sai was speaking to reporters after receiving a \$60,000 automated multidrug testing unit for the Institute of Medical Research (IMR) from the chairman of Esso companies in Malaysia, Datuk C.D. Roxburgh.

Datuk Lee said the machine would help IMR in conducting test on drug addiction and it could also determine if the addict was taking more than one type of drug.

IMR director Dr. M. Jegathesan said the institute conducted between 2,500 and 3,000 test on AIDS last year and the percentage of cases that had been confirmed as positive were high.

"In the last few months IMR had tested some 300 positive cases. The cases sent here are for confirmation from our screening centres found in general hospitals and private hospitals all over the country.

"The confirmation test called the 'western blot' is the confirmatory test and it cost \$120 per test. So far the Government has been absorbing the cost if the case tested were from Government hospitals," he said.

Dr. Jegathesan said the confirmatory test conducted was adopted by IMR in 1987 and the diagnostic kit, to determine if a case is positive or negative, is still developing as AIDS testing is something new.

## NEW ZEALAND

### Medical Study—Rate of Increase of AIDS Slowing

BK1205101292 Hong Kong AFP in English 0631 GMT 12 May 92

[Text] Wellington, May 12 (AFP)—The incidence of acquired immune deficiency syndrome (AIDS) in New Zealand is increasing at a slow rate, a medical study released Tuesday said.

The Otago University Medical School study said that in 1991 there were 78 new cases of AIDS in New Zealand, compared with 73 in 1990, 60 in 1989 and 38 in 1988.

Since 1984, when records were first kept, 323 people have contracted the deadly disease in New Zealand. Of these, 232 have died.

In a quarterly report, the university's AIDS epidemiology group said a similar levelling off has been documented in other countries.

Reasons for this included saturation level of the Human Immuno-Deficiency Virus (HIV) that causes AIDS among high risk behavior groups, movement of the epidemic into groups with less risky behavior and changes in behavior that have reduced the spread of HIV.

Other reasons listed include treatment that delays HIV infection progressing to AIDS and an increase in under-reporting or under-diagnosis.

Figures from the United States showed the rate of HIV infection due to homosexual transmission peaked in 1984 and infection due to sharing drug injecting equipment peaked in 1985.

"There is evidence that in the U.S., changes in behavior have resulted in a reduction of spread of HIV among homosexual men," group spokesman Nigel Dickson said in an interview.

The group most likely to contract AIDS was still homosexual males who had unprotected sex with other homosexual males, the report said.

## THAILAND

### Bangkok AIDS Rate, Condom Use

92WE0352F Bangkok MATICHON in Thai 18 Feb 92 p 2

[Text] Dr. Khachit Chupanya, the director of the Health Department, Bangkok, said that nationwide, there are now about 300-400,000 people with the AIDS virus. Thirty percent of these live in Bangkok. Thirty percent of these contracted the disease from engaging in heterosexual sexual relations, which is up from 10 percent. In the past, 80 percent contracted the disease from dirty needles. But today, this figure has dropped to 40 percent. Besides this, a survey conducted by the Health Department found that nationwide, the number of people with the AIDS virus is increasing at a rate of 400 a day. Chiang Mai and Chiang Rai provinces in the north have the highest incidence.

Dr. Khachit said that in order to control the spread of AIDS, Bangkok, where the rate of use of condoms is only 50 percent, will coordinate things with the Police Department in monitoring the "100-percent Condom Use" program in Phitsanulok Province and use this as a model in promoting the use of condoms in all types of places of entertainment in Bangkok.

### Health Minister Discusses AIDS Test Technique, Costs

92WE0352D Bangkok THAI RAT in Thai 21 Feb 92  
pp 1, 17

[Excerpt] [passage omitted] Thai doctors have made progress in using a new process to check for the presence of the AIDS virus in blood in order to increase efficiency in preventing the spread of this disease from blood transfusions. On the afternoon of 20 February, Dr. Anthasit Wetchachiwa, the deputy minister of public health and the head of the Department of Medicine at the Ramathibodi Hospital, said that checking for the presence of the AIDS virus in the blood using the "antibody" method is rather inefficient. That is, it's impossible to detect the virus during the first three months after the virus has entered the body. During this period, if a patient receives a blood transfusion using the blood from such a donor, he could contract AIDS.

Dr. Anthasit said that in order to reduce the chances of people contracting AIDS from blood transfusions, Dr. Phimon Chieusin, the director of the blood bank at Ramathibodi Hospital, has conducted studies on detecting the AIDS virus in blood. She has used an "antigen" method, that is, she looks for the AIDS virus directly. Her studies have shown that this will help detect the AIDS virus within two weeks after it enters the body. The Ramathibodi Hospital has checked 3,400 blood samples and found one case of AIDS using this direct method. At the National Blood Donation Center, Thai Red Cross, blood samples from 80,000 people have been checked, and six cases of AIDS have been found using this direct method. Approximately 800,000 bottles of blood are donated nationwide each year. That means that if each of these is checked, about 80 bottles of AIDS-infected blood will be found using the direct method. Eighty bottles is enough for about 160 patients, which means that this will save 160 people from contracting AIDS from blood transfusions.

Dr. Anthasit said that the cost of checking for the AIDS virus using the direct method is 50 baht per person, or approximately 40 million baht per year. But that will keep about 160 people from contracting the AIDS virus, which is an average cost of approximately 250,000 baht per person. That is very little money when compared with the value of a human life and the nation's economy. The National AIDS Prevention and Control Committee has passed a resolution calling for the use of this direct method of checking for the virus. All hospitals should use this method in checking for the AIDS virus. Patients will probably be happy to pay the extra 50 baht. Besides this, the state will provide 10 million baht to support those hospitals where much blood is given or that are located in areas with a high incidence of AIDS. He believes that in the near future, several other countries such as the United States will start using this method of testing for the AIDS virus. AIDS is spreading very rapidly. Besides this, he is asking those who engage in activities that put them at risk of contracting the AIDS virus not to donate blood. This will help reduce the spread of this disease.

### Anti-AIDS Measures for Blood Supply

92WE0352A Bangkok MATICHON in Thai 22 Feb 92  
p 3

[Text] On 21 February, Dr. Ratchani Ocharoen, the assistant director of the National Blood Services Center, Thai Red Cross, talked about people contracting AIDS from blood transfusions. She said that in the past, antibody checks were not widespread and so 50 people did in fact contract the AIDS virus from blood transfusions. But since we started making checks with antibodies before using the donated blood, only six people have contracted the virus. These people needed large quantities of blood in a hurry, because they have leukemia or hemophilia. But since September 1991, antibody checks have not turned up any AIDS patients who contracted the virus from a blood transfusion. Doctors are now trying to use as little blood as possible. They now give blood only when this is absolutely necessary, such as when people have been in an accident.

Dr. Ratchani said that the Red Cross is now encouraging people to "donate blood for themselves" in order to reduce the risk of contracting a virus, including syphilis and hepatitis B. Beginning in March, the Thai Red Cross will tighten the measures for selecting blood donors. It will use a questionnaire in order to determine which blood donors are in an at-risk group. If they are in an at-risk group, the Thai Red Cross will not accept blood from them. To date, using the antibody test, the AIDS virus has been found in only 0.4 percent of the blood samples taken from donors. The government should provide financial support for conducting antigen tests, which is the best method at present.

Dr. Praphan Phanuphak, the deputy director for technical affairs, Department of Science, Thai Red Cross, said that one way to prevent people with the AIDS virus from donating blood is to educate those who plan to donate blood. That is, if they have had sex with a prostitute within the past three months without using a condom or if their sexual partner has had sex with other people, they should not donate blood. Hospital officials should give such people a chance to refrain from donating blood. Examples are soldiers who have been selected to donate blood. If a soldier is not sure that his blood can be used, he should quietly inform a doctor or nurse in order to prevent him from donating blood.

"But some people in at-risk groups donate blood, because they want to see if their blood tests positive or if they have the AIDS virus. This is because donated blood is checked automatically. Those people don't dare go to a hospital for a blood test, because they feel embarrassed. I think that blood donors should know their own limitations," said Dr. Praphan.

A report stated that nationwide, people donate approximately 900,000 bottles of blood each year. About 1 percent of the blood can't be used because it tests positive for the AIDS virus, the hepatitis virus, and so on.



**Lampang AIDS Morbidity Spreads to Housewife**

92WE0352B Bangkok SIAM RAT in Thai 24 Feb 92  
p 16

[Excerpts] Dr. Nopphadon Sombun, the public health officer in Lampang province, said that in Lampang Province, the AIDS virus is being spread through sexual intercourse. Prostitutes are an important cause in the spread of this disease. Because men frequently use the services of a prostitute, more and more housewives are contracting the disease from their husbands. [passage omitted]

As for control measures, the Provincial Public Health Office is now promoting the use of condoms by everyone who has sex with a prostitute in order to reduce the spread of AIDS. Last January, 17 people tested positive for the AIDS virus. All of these were men who frequently visit prostitutes.

Concerning the AIDS situation in Lampang Province, the Lampang public health officer said that as of the end of January, 1,706 people had the AIDS virus and three had AIDS-related symptoms. Nine people had full-blown cases of AIDS, and one patient was transferred from the Ban rat Naradun Hospital for a total of 10 cases. However, nine of those with full-blown cases of AIDS have died. As of today, only one, a man who frequented prostitutes, is still alive.

Only two of those with AIDS-related symptoms are still alive. These people contracted AIDS through sexual intercourse. Of those with the AIDS virus in Lampang Province, only 1,463 are still alive.

Besides this, one newborn infant was found to have the AIDS virus. Another 64 babies born to women who have the AIDS virus are being monitored to see if they have the disease.

**Specialists Note Anti-AIDS Measures in Dentistry**

92WE0352E Bangkok SIAM RAT in Thai 27 Feb 92  
p 3

[Excerpts] Professor Pradit Charoenthaithawi, the rector of Mahidol University, said that it is well known that AIDS is a very dangerous disease. Those who have AIDS suffer a lot, and this disease is fatal. Statistics compiled by the AIDS Division, Ministry of Public Health, show that as of 31 January, there were 952 people with full-blown cases of AIDS. Of these, 706 contracted the disease from sexual intercourse, 186 contracted the disease from needles used to inject narcotics, eight got the disease from blood transfusions, 26 got the virus from their mother, and 26 cases are of unknown origin.

Even though no one in Thailand has contracted AIDS from having dental work done, in the United States, in 1990, four people contracted AIDS from having dental work done. [passage omitted]

The Faculty of Dentistry at Mahidol University has developed measures for keeping dental instruments clean. These instruments can be divided into two types.

Dental instruments designed for use just one time. This includes surgical blades, stitching needles, and saliva suction tips. After these have been used once, they must be discarded. They must be packed in containers, which must be sealed tightly before being thrown away. They must not be used on other patients.

Instruments designed to be used many times. This includes tools used to fill and pull teeth and drills. These must immediately be placed in a solution of 0.5 percent sodium hypochloride for 30 minutes. Those instruments, such as metal instruments, that cannot be placed in a solution of sodium hypochloride, must be soaked in alcohol for 10 minutes, in a solution of 4 percent formaldehyde for 10 minutes, in tincture of iodine in 70-percent alcohol for 10 minutes, or in a solution of 6 percent hydrogen peroxide for 10 minutes in order to ensure that the virus is dead. After that, the instruments must be washed in water in order to remove the saliva and blood and any pieces of teeth left behind and then sterilized at 121° C for 20 minutes in a stream of water, dry baked at 170° C for 2 hours, boiled for 20 minutes, or soaked in a 1:200 solution of Savlon. [passage omitted]

**AIDS from Transfusions Seen Increasing**

92WE0352C Bangkok DAO SIAM in Thai 28 Feb 92  
pp 1, 8

[Excerpt] [Passage omitted] Professor Pradit Charoenthaithawi, the rector of Mahidol University, said that the spread of the AIDS virus from blood transfusions is increasing. This is because the incidence of AIDS in the population is increasing quickly. Sirirat Hospital has discovered 60 people who contracted the AIDS virus from blood transfusions. All of this blood came from donors who donated blood at the Sirirat Hospital.

Professor Pradit said that the Ministry of Public Health and the Thai Red Cross have implemented measures to check for the AIDS virus in donated blood by checking for the AIDS virus directly, or checking for HIV antigens, just after the virus enters the body. But he said that even if more tests are conducted to check for HIV antigens, we will not be able to prevent people from contracting AIDS from infected blood. This is because in checking blood for the AIDS virus, after the virus enters the body, it takes about 15 days for the blood to test positive. During that period, the body has the AIDS virus and that person can spread the virus to others.

The rector of Mahidol University said that the best way to prevent the spread of AIDS from blood transfusions is for people to periodically donate blood and store it for their own use if that should become necessary, for example, if they have to have an operation or if they are in an accident. Besides this, they should be careful in order to prevent accidents. Or they should use blood only when absolutely necessary. These steps will greatly reduce the risk of contracting AIDS.

**Official Updates Prostitutes AIDS Cases**

92WE0376C Bangkok DAO SIAM in Thai 8 Mar 92  
p 8

[Excerpt] Dr. Pracha Amon, the deputy undersecretary of public health, said that the Ministry of Public Health, in cooperation with the Ministry of Interior, the Ministry of Defense, and various units, is participating in the program to promote 100-percent condom use at all places of entertainment in the country. This got underway in January 1990. If people protect themselves and their families, this will help stop the spread of AIDS.

The sixth AIDS survey conducted in 73 provinces in December 1991 showed that the incidence of AIDS among prostitutes rose from 15.2 percent to 20.7 percent. However, the incidence of AIDS among men who came for treatment of a venereal disease and among pregnant women has declined. The use of condoms by men who use the services of prostitutes has risen to 84 percent. Six months ago, the rate was only 73 percent. [passage omitted]

**Chiang Mai Military Unit AIDS Incidence**

92WE0376B Bangkok DAO SIAM in Thai 15 Mar 92  
pp 11, 14

[Excerpt] [passage omitted] Lieutenant Colonel Sakon Yiamtrakun, the director of the Kawila Hospital in Military Circle 33, Chiang Mai Province, talked about the incidence of AIDS among soldiers stationed in Military Circle 33. He said that today, 12 percent of the soldiers assigned to the

1/34 Relief Unit have the AIDS virus. Two percent of the soldiers contracted the disease within the past two months. This is a very high rate of incidence. If this situation continues, there are fears that in the future, AIDS will become a very serious problem among these soldiers and affect the efficiency of the Army.

**Government To Tone Down Anti-AIDS Campaign**

BK2904040992 Bangkok BANGKOK POST in English  
29 Apr 92 p 1

[Text] The anti-AIDS campaign will continue but more caution will be exercised to avoid affecting tourism, Deputy Public Health Minister Charun Ngamphichet said yesterday.

Mr. Charun said that the previous and current governments had a policy of preventing the spread of the deadly HIV.

However, in publicising the threat from the virus the ministry will be more careful, he said, noting the previous government's public relations campaign had seriously affected tourism.

Thailand's tourism rivals highlighted the country's AIDS problem to draw tourists away, he said.

However, he conceded the Anan Panyarachun government's public relations campaign against AIDS had helped reduce the spread of the virus.

The Government will also continue its anti-smoking policy because it benefits the public as a whole, he said.

## BULGARIA

### Data on AIDS Spread in Bulgaria

AU1705151292 Sofia BTA in English 1407 GMT  
17 May 92

[Report by Tanya Tsekova: "AIDS in Bulgaria"]

[Text] Sofia, May 17 (BTA)—Today Bulgaria marks the International AIDS Day for the first time. In the last few days the media repeatedly called on those showing concern for AIDS victims to light a candle at 9 p.m. [1800 GMT]. At a commemorative concert in the open which will be staged under the honorary patronage of President Zhelyu Zhelev.

On the whole, Bulgaria has not been hard hit by AIDS. Thirteen people have died, 15 have fully developed the symptoms and 107 are registered as HIV-infected. According to experts, however, only one in fifty HIV carriers are registered.

Dimitur Dukov, chairman of the No-AIDS National Foundation, believes that there is no place for complacency. Bulgaria is opening itself to the world, prostitution and drug addiction are becoming wide-spread and people are afraid to have a blood test for AIDS because they are not sure that the results will be kept secret. In addition, laboratories and medicines are insufficient. "Money is not the only problem. The biggest problem is indifference, too many people have not realized that the epidemic will not leave us unscathed," Mr. Dukov says. Bulgaria is already implementing a medium-term AIDS programme in compliance with the requirements of the World Health Organization.

The results of a sociological survey conducted in Sofia's secondary schools are a cause for alarm. The survey reports that 99.5 percent of 18-year-olds know that AIDS is a sexually-transmitted disease but only 44 percent know how to protect themselves. Of the 84.2 percent who have sexual contacts only 20.6 percent use condoms. Experts comment that AIDS is a potential threat to four-fifths of Bulgarian young people. What is more alarming still, 62 percent of respondents believe that having multiple sex partners is normal and 22 percent of them have had chance sexual contacts. The survey also shows that 18-year-old students are under the delusion that blood donation and any kind of contact with AIDS carriers are risky.

Physicians at Sofia's hospital for infectious diseases where AIDS patients are treated say that none of the patients has been forsaken by his or her relatives. The initial panic observed five years ago when the first AIDS carriers—most

of them foreigners who had to immediately leave this country—has been overcome.

A new attitude is emerging towards AIDS victims. However, the legal problems related to the disease are far from being solved.

## CZECHOSLOVAKIA

### AIDS/HIV Cases Figures Released

AU0305155492 Prague SVOBODNE SLOVO in Czech  
28 Apr p 8

[Text] A total of 25 fully developed AIDS cases were recorded in the Czech Republic as of 31 March 1992. These involved 24 CSFR citizens and one foreigner. Of the 24 cases involving CSFR citizens (all adult males), 21 were homosexual or bisexual. There was one hemophiliac, one person that contracted the disease from a transfusion, and in one case it was not clear how the disease was contracted.

As of the same date a further 99 CSFR citizens and 77 foreigners were recorded as HIV positive without the symptoms of full-blown AIDS. Of the 99 HIV positive CSFR citizens, 58 were homosexual or bisexual, 15 were hemophiliacs, 13 contracted the disease from a transfusion, and one was a drug addict. In seven cases the disease was transmitted via heterosexual intercourse and in five cases it was not clear how the disease was transmitted. These 99 cases involved 91 men and eight women. In seven cases they involved children under seven years old. The children and hemophiliacs were infected before tests were carried out on blood for the HIV positive virus. Of the 77 HIV positive foreigners, 67 of them came from African countries.

New instructions guaranteeing a single course of action in preventing and treating AIDS/HIV cases in the Czech Republic were approved by the Czech health minister in March. The principle of obligation to submit to a test has been replaced by the voluntary principle. Complete anonymity during a test, if the patient wishes it, is also guaranteed.

## HUNGARY

### Number of AIDS Cases Increases

LD1805222992 Budapest MTI in English 1334 GMT  
18 May 92

[Text] Budapest, May 18 (MTI)—To date 48 people have died of AIDS in Hungary. Of the 300 HIV-positive cases, 88 have developed the disease. It is estimated that the number of people infected with the virus has reached 1,800.

## ARGENTINA

**Government Launches Free Distribution of AZT**

PY1404005492 Buenos Aires *BUENOS AIRES HERALD* in English 13 Apr 92 p 7

[Text] (NA-DYN)—Saying that "with this measure we are seeking to improve the quality of life" of Argentines suffering from AIDS, Health Minister Julio Cesar Araoz launched the government's programme for free distribution of the drug AZT while visiting one of the nation's top treatment centres.

After touring the wing of Muniz Hospital devoted to the care of AIDS patients—where 91 individuals, including 21 prisoners, are currently being treated—with other officials including Alfredo Miroli, director of the government's newly unveiled anti-AIDS campaign, Araoz announced on Friday [10 April] that his ministry had already received a shipment of 200,000 AZT pills and that it hoped to have some 600,000 in hand within the next two weeks.

The government plans to distribute the drug, which can delay the onset of symptoms associated with AIDS, free of charge to lower-income individuals who have tested positive for the human immunodeficiency virus that causes AIDS. AZT is a expensive treatment—one box costs 120 dollars and lasts for only 20 days.

Araoz also announced that the government would provide jails with the materials necessary to test prisoners for AIDS and prevent the spread of the virus behind bars. Several months ago a scandal broke out when it was revealed that the AIDS prisoner-patients at Muniz were kept chained to their beds to prevent them from escaping or harming medical personnel.

In addition, Araoz distributed a pamphlet that will be passed out to the public as part of the anti-AIDS campaign. In a statement inside, the health minister emphasizes the right of individuals to take the prevention measures they feel appropriate while underlining that one of the project's goals is educating the public about the dangers of sexual transmission.

According to the booklet, between 1982—when the first case of AIDS was detected here—and January 31 of this year, 1,360 individuals have died or are under treatment for the virus. However, the publication notes that the nonofficial count could be twice as high due to underreporting.

**U.S. Interference in Anti-AIDS Campaign Criticized**

PY1805210092 Buenos Aires *BUENOS AIRES HERALD* in English 18 May 92 p 11

[From the "Argentina in Brief" column]

[Text] (NA)—Radical Senator Ricardo Laferriere criticized the recently launched government's anti-AIDS campaign. "While they promote a massive HIV testing campaign they do not recommend the use of prophylactics." In a document presented at the Senate, Laferriere blasted the campaign sponsored by the Health Ministry stating that its methods "were ruled out by sanitary policy specialists in countries like France, England and the United States and are not among those recommended by the World Health Organization."

## BARBADOS

**Thirty AIDS Cases in First Quarter**

FL0805144192 Bridgetown *CANA* in English 1312 GMT 8 May 92

[Text] Bridgetown, Barbados, May 8, *CANA*—Barbados has reported 30 Acquired Immune Deficiency Syndrome (AIDS) cases for the first three months of the year. The casualties, officials said, included a 22-month-old boy. Acting chief medical officer in the Ministry of Health, Dr. Elizabeth Ferdinand, described the figure as the highest quarterly one to date.

The 30 comprised 22 males and eight females. Official reports said 24 had already died. To date, Barbados has reported a total of 282 AIDS cases, with 198 deaths.

The transmission of the Human Immuno-Deficiency Virus [HIV] which causes AIDS has been through homosexual-bisexual and heterosexual contact. However, Dr. Ferdinand told a news conference there had been a steady increase in the number of AIDS cases associated with heterosexual activity.

Professor E.R. "Mickey" Walrond, chairman of the National Advisory Committee on AIDS [NACA], said AIDS testing in Barbados may be at risk if funds are not forthcoming. He spoke against the backdrop of Barbados' troubled economic climate, which has forced government to cut back financing of some projects.

"Where it threatens to have an effect and it has not had an effect up to now, but if we don't get enough funds later on in the year it will, is in the provision of chemicals for the volume of testing we would like to do," the chairman told reporters.

"We started on a very small scale of testing in 1985 and it rose to a considerable number by last year where we had done nearly 10,500 tests last year and we wanted to increase that even more.

"We were hoping to increase that to nearly 20,000 this year."

Dr. Walrond said NACA was hoping to embark on research in the community to find out the prevalence of HIV.

"At the moment we have some indicators, but we don't have a really scientific study and all that we need to do. What we are not sure is if we are going to be able to do as much as that," he said.

## CUBA

**AIDS Sanitarium in Matanzas Discussed**

92WE0448A Havana *BOHEMIA* in Spanish 1 May 92 pp 30-33

[Article by Juan Carlos Rivera]

[Text] They met like any couple, and they even confess to having fallen in love in the usual way. Except for one big difference: Maria and Alberto lived as celibates in the Santiago de las Vegas Sanitarium, and they carry the human immunodeficiency virus [HIV], which leads inexorably to acquired immunodeficiency syndrome [AIDS] and death.



Now, at the Ismael Triana Torres Sanitarium, in Matanzas, they enjoy sitting in the living room of their apartment and chatting about the future, with no witnesses other than the photos of their children by other marriages. "We must do something," they say. "All of our hopes, like those of many patients, are centered on a miraculous vaccine or medicine. We are infected, but death is going to have to fight very hard to take us away. We have a lot to live for..."

The sanitarium, inaugurated almost eight months ago, rises above the Matanzas heights, near a locality known as Quintanales, with no dividing fences or massive adobe walls to give the site the feeling of a remote place of sadness or captivity.

Twenty-three patients, with an average age of 32.5 years, walk about and converse in the parks and the street corners of this mini-city. Some prefer to watch television, listen to music, play dominoes, or work at handicrafts. Others spend their time changing the water in the gold fishponds or helping to cultivate medicinal plants for combatting the opportunistic diseases that usually appear when the body presents immunological problems.

They want no cameras about, nor do they want their real names known, but they are willing to tell their stories. They feel that their families have already suffered enough, and they themselves have already felt the pain of rejection or the loss of some friends, the insistent looks and whispers in the squares when they go for a stroll, and even some disparaging remarks. But as Jose Luis told me, without histrionics: "Learning to live with AIDS is much more difficult, and we do it; the rest we must learn to forget about. I ask myself why this is happening, whether, in the end, dying of this illness must be no different from dying of any other disease. Besides, it is not exclusively an illness of 'different people'; it is a possibility that makes no exceptions of anyone."

#### Not the End of the World

To Dr. Guillermo de la Portilla, director of the institution, more important than knowing that a patient with this syndrome receives treatment worth 16,000 to 18,000 pesos a year, is knowing that this ailment attacks mainly the young and economically productive sectors with high-risk sexual practices. "Hence the need to be well-informed about HIV, its transmission, its consequences, and the importance of early detection," he says.

If we aspire to halting its spread, it is of the utmost urgency that the community undertake a commitment to its prevention and control; the work of doctors, immunologists, psychologists, epidemiologists, and health personnel, alone, will not suffice to win the preventive battle.

At present, it is known to be transmitted solely by unprotected sexual contact with asymptomatic patients or carriers, by receipt of infected blood, or transplacentally from an infected mother.

Upon inquiring about the characteristics of the personnel working at the facility, we learned that, in response to a notice that had been published in the province, 235 health professionals had applied; only 31 were needed. The personnel were chosen for their human qualities, family status,

and experience in the sector. The director stressed the importance of this selection process in ensuring that those working there would be only those who wished to do so. Perhaps this is why inside the institution they do not even wear white coats. They want nothing that will differentiate them from the patients and make communication difficult.

Studies have indicated that, in our country, a person who has been classified as an asymptomatic carrier may remain so for up to some 13 years before becoming ill. For some, this period is shorter, and for others it is longer. This is related to their sexual behavior, how strictly they follow medical treatment, and the body's defenses and specificities.

Social worker Mayra Hernandez Amador informs me that the majority of patients submit to the sanitarium's regimen because of the benefits they receive from it. "Here, they have our understanding and moral support. They receive care and systematic checkups, both medical and psychological, and a fortified diet. This helps them to better their quality of life while they hope for the discovery of a cure for their illness," she says.

The sanitarium has 17 double-occupancy cabins; five of them are for married couples. They all have the comforts designed to make life easier for their occupants. There are also workshops and sewing shops, stomatology dispensaries and surgical facilities, barbers and hairdressers, sports areas, medical offices, and television rooms. Many of these facilities provide job opportunities for the patients themselves.

#### Respect For Individuality

"After a female patient gave my name among her contacts and my tests were also positive, I began to take AIDS seriously. I had heard it talked about, but I always thought it would never happen to me. But I believe that I understood this too late. I lived in Havana for a year at a friend's home in Guira de Melena, and I had more than 15 relationships, without using condoms. It was quite a reckless time.... When I entered the sanitarium I did not want my family to know, so as not to cause them more grief; but my friends spoke with my mother. Since then, I have received all their support. It is not easy, at 20 years of age, to deal with knowing that you are condemned to death and seeing yourself restricted from having fun, from going out, and from loving."

"In spite of this, I keep my spirits up. Each time I get up in the morning, I think it is a new day to be alive. I take a capsule of AZT [azidothymidine] daily, and I receive two interferon injections weekly. So far my health is good, and I have not even had a cold. Although I understand that the nightmare is about to begin...."

Carlos Alberto almost whispered these words. He is one of the youngest patients, and he is presently doing everything possible to obtain a pass from the Integral Orientation and Evaluation Commission that would permit him to circulate beyond the limits of the sanitarium unaccompanied (without a guarantor). This would mean that he is deemed to have enough responsibility to protect his health and that of the healthy population.

Presently, there are 14 guarantors among the residents of Ismael Triana Torres. This attests to the humane quality and maturity of the patients and their interest in reinsertion into social life.

Psychologist Ivette Dominguez Llamas talked to us about the particulars of her work. She told us that because it is a closed unit, she achieves a high degree of identification with the patients and their problems.

The most difficult stage, she says, is the adaptation period, when they are advised that they have HIV and must enter the sanitarium. The logical symptoms of mental imbalance and stressful situations appear at this point: sleep disorders, loss of appetite, vomiting, prolonged diarrhea, anxiety reactions, etc. In this first stage, in which they must face the new reality, they need more help and understanding. In some cases it is even essential to administer psychopharmacological treatments.

**Rivera:** "Which problems do you have to deal with most in your daily work?"

**Dominguez:** "I stress respect for each person's individuality and the necessity of maintaining good collective relations. We have patients here with a particular sexual orientation and with religious beliefs, educational backgrounds, habits, and personalities that differ. In group therapy, I never tire of making them understand this, and up to now, things are going well."

In my search for the reason why the province of Matanzas, with two important tourist centers (Varadero and Cienaga de Zapata), several ports, and a continuous flow of foreign tourists, has such a reduced number of HIV-positive diagnoses, I talked with Dr. Mercedes Hernandez Limas, an epidemiologist with the Provincial Epidemiology and Hygiene Center. She says that high-risk groups (homosexuals, promiscuous youths, or youths engaging in disorderly sexual conduct, who are carriers of sexually transmitted diseases, etc.) have, in their majority, been identified, and the center is working with them. The work of the family doctor in the community is also fundamental because he does the active tracking of the potential contaminators. Moreover, I am told that the largest percentage of the visitors to these hotel-type installations are not from Matanzas, but rather a "floating population," mainly from the capital. "The fact that during 1990 and 1991 only one new case per year was diagnosed does not mean that they are the only ones infected. There are many people who refuse the tests," says Dr. Hernandez Limas.

According to Dr. Hernandez Limas, there is still a lot of ground to be covered, and the fight must not be centered solely on looking for the diseased. It must also avert infection of the healthy population. This is relatively simple if we just understand what responsible fulfillment of one's sexuality means. It does not mean renouncing one's choice or way of life, but rather exercising care, above all, to preserve life. Something as easy as using a condom." [Box, p 32]

#### The Figures Speak

Of the 24 cases diagnosed in Matanzas, 16 were men, and eight were women. Two have died.

Types of relations: 19 heterosexual and five bisexual; 15 index cases (original cases from whom infection spread) and nine contacts.

## GUATEMALA

### Impact, Spread of AIDS Reviewed

92WE0385A Guatemala City SIGLO VEINTIUNO in Spanish 23 Mar 92 p 14

[Article by reporter Irina Ruiz Galvez]

[Excerpts] AIDS is a cause of major concern to both public health authorities and various sectors of the population in general because the virus (HIV) is now spreading to a larger extent among the country's heterosexual group, affecting men, women, and children. This disclosure is made in the quarterly report of the National AIDS Program.

When the syndrome was first identified in the United States in 1981, it was thought to affect only homosexuals. In fact, the first cases were discovered among men in the United States. Hence, during the 1980's AIDS was striking homosexual and bisexual men, hemophiliacs, and drug addicts, in particular; and was confined primarily to the large cities of Brazil and Mexico.

Nevertheless, its impact is being felt increasingly in the underdeveloped countries, affecting various risk groups. For example, in Guatemala, by February 1992 the cumulative statistics reflected a considerable rise: 240 AIDS cases, of which 101 persons died.

After the first case was diagnosed in our country in 1986, more infected patients began gradually showing up, as follows: nine cases in 1986, 13 in 1987, 18 in 1988, and 18 in 1989. The disease obviously progressed in 1990, when 78 cases were recorded, with 94 more in 1991. In February of this year a cumulative figure of 240 AIDS patients, 257 cases of asymptomatic infection, and 32 with chronic lymphadenopathy was reached. [passage omitted]

In addition, the report from the General Directorate of Health Services' Communicable Diseases Department notes that the ages of those hardest hit by the syndrome in our country are in the 15- to 49-years-old bracket. It adds that, insofar as gender is concerned, of the 240 cases, 80 percent are males and 20 percent are female, a ratio of four to one. During recent months, however, the disease has been found to be progressing rapidly among the female population.

Based on the foregoing report, it is disturbing to observe that men and women of fertile age are the highest risk groups in Guatemala and that the spread of AIDS among women is progressing, with sexual transmission the most obvious form of infection. [passage omitted].

## HONDURAS

### New AIDS Cases Raise National Total to 1,831

92WE0437A Tegucigalpa LA TRIBUNA in Spanish 3 Apr 92 p 10

[Text] Preliminary AIDS statistics for March reveal that 100 more cases have been confirmed, to raise the number of

infected persons nationwide to 1,831, the president of the National Committee on AIDS, Enrique Zelaya, reported yesterday.

The official explained that the problem of this disease has become more serious since February and that three cases daily were being registered in March.

"That does not mean that the campaign has had no effect. What happens is that the incubation period for AIDS is rather long; therefore, the results will be visible in a few years", he explained.

Zelaya reported that the proportion of infection by gender continues to be two men to one woman, and, as opposed to other countries, the form of transmission is heterosexual, that is, from man to woman and vice versa.

The number of infected persons for each carrier had been about 50 to 1. Zelaya said that it has decreased to 25 and 40, "therefore we have in the neighborhood of some 50,000 infected persons who represent 1.25 percent of the national population, which is on the order of more than 4 million.

#### **AIDS Cases Up 102, Total 1,709**

92WE0375A San Pedro Sula TIEMPO in Spanish  
3 Mar 92 p 9

[Text] Tegucigalpa—Cesar Nunez, the National AIDS Control Program technical assistant, reported an additional 102 cases of AIDS yesterday. This brings the national total of those affected by this disease to 1,709.

These cases were detected in Health Region No. 3, which covers San Pedro Sula, Puerto Cortes, and other towns, and Health Region No. 5, which covers the western part of the country, Nunez said.

He indicated that this number is consistent with the regular reports of AIDS cases received.

He reported that there are 50 people who are carrying the HIV virus but have not yet developed the disease, or who fall into the category of those suffering from AIDS-related complex.

Nunez said that he could not provide any exact figures on the cases because the information is still being processed. However, he said that on the basis of what he remembered of the report, there are nursing mothers among those affected by this disease.

### **ST. LUCIA**

#### **Thirty-Two AIDS Deaths Registered Since 1985**

FL1205224392 Bridgetown CANA in English  
2121 GMT 12 May 92

[Text] Castries, St. Lucia, May 12, CANA—The director of St Lucia's AIDS programme said authorities may have to switch to a new strategy to counter the spread of the fatal disease on the island. Dr. Michelle Ohms expressed concern at evidence showing St. Lucians were not changing their sexual behaviour, despite awareness of AIDS—Acquired Immune Deficiency Syndrome—which kills by breaking down the body's defences.

"... There is probably a need to change the approach, the way we educate, involve them, but I think the biggest resistance is coming from the people themselves who don't recognise themselves at risk," she said. "They still consider it something for other people."

Dr. Ohms voiced particular concern at findings that some persons with partners who had either contracted the AIDS-causing HIV virus or had died from the disease, were still going around having unprotected sex.

"I am particularly scared when I see that we have discovered more HIV (carriers).... And most of the people in the area had sexual relationships with these people and they still go ahead and don't take any protection," she said.

According to official statistics up to the end of March, there were 77 HIV positive persons on the island, and 32 AIDS deaths since St. Lucia began keeping records in 1985. Dr. Ohms said the disease was being spread mainly through heterosexual contact, with the breakdown of cases being 44 males and 33 females.

### **ST. VINCENT & THE GRENADINES**

#### **Long AIDS Incubation Renders Data 'Tip of Iceberg'**

FL2505221992 Bridgetown CANA in English  
2127 GMT 25 May 92

[Text] Kingstown, St. Vincent, May 25, CANA—Health authorities in St. Vincent and the Grenadines say they are worried that people are not applying information they have about AIDS and other sexually transmitted diseases to their sexual activity.

Sister Anne Anderson, co-ordinator of government's Acquired Immune Deficiency Syndrome (AIDS) programme, said this situation was borne out by the results of a recent survey which revealed a wide gap between knowledge and sexual behaviour. She said available data also showed an "upsurge in sexually transmitted diseases."

It is against this background that the Ministry of Health had targeted behavioural change as its major goal in a medium-term health programme on AIDS and sexually transmitted diseases started this year. Major components of the programme include training of health personnel to make them more aware of diagnostic procedures and improvements to existing laboratory facilities.

Three new cases of AIDS have been reported this year, all male. Currently, the number of persons who have tested positive for the AIDS virus number 90, with 36 deaths recorded since the first case was recorded here in 1984, Sister Anderson said. She noted, however, that because of the nature of the condition and the relatively long incubation period, available AIDS data would always represent the "tip of the iceberg."



## VENEZUELA

### AIDS Cases, Information Campaign Discussed

92WE0366A Caracas EL UNIVERSAL in Spanish  
Section 2, 12 Mar 92 p 25

[Text] Dr. German Cedeno and Dr. Alejandro Riskey of Health District No. 3 say that although only 1,061 AIDS cases have been reported thus far in our country, there may be about 16,000 individuals infected with the virus.

AIDS will become the leading cause of death in Venezuela within a few years, according to the information in the hands of Dr. German Cedeno, head of the Venereology Department in Health District No. 3, and Dr. Alejandro Riskey, who formerly held that post but is now returning from the United States to launch a community education campaign.

"The international increase in the incidence of AIDS has been dizzying, to the point that the total number of cases reported in America in 1991 was 247,446."

This figure does not include the number of persons recently infected, because, due to the characteristics of the disease, it is not easy to detect infection with the virus overnight.

Dr. Riskey explained that "the infection is asymptomatic in its first phase, but as time passes, the individual begins to display a series of indications that reveal the presence of the disease precisely when it has begun to alter the individual's health definitively."

The doctor was asked about the situation on the national level.

"The projections in Venezuela show a total of 1,061 reported cases. Although this appears to be a relatively low figure, it is a rather high number if we take into account the characteristics of the national population and the percentage level as compared to those in other Latin American countries."

This expert commented that it is presumed that for every reported case, there are at least 10 to 20 others as yet undiagnosed. Thus what can be seen is but the tip of the iceberg, only the small portion represents the top, while at the base, in the case of our country, there is an average of some 15,915 persons who have contracted the disease but are still in the asymptomatic phase.

The doctor said that "the problem of infection with the HIV virus is very complex, because although AIDS has been regarded as a disease limited to certain social groups, it has now been demonstrated to be gradually increasing within the sector of heterosexual contacts."

Another of the problems of concern to the doctors is the fact that the number of women infected has increased significantly. This poses a serious threat due to the expanded opportunities for spreading the virus.

Since for some time, the number of women infected remained only a minimal portion of the overall statistics, the doctor was asked what he believed to be the reason for the change.

Dr. Cedeno said that "the answer may lie in the fact that where women are concerned, sexual customs prevent them from protecting themselves or demanding protection. This is a cultural process in which a change is needed."

"The specter of this disease," Dr. Riskey added, "makes changes necessary on every level, but what is really urgent at this time is for all Venezuelan citizens to be properly informed on this subject. This is because of one of the most worrisome aspects—the fact that infected individuals are to be found in the reproductive and productive age group, 25 to 45."

This could cause a serious disturbance in the labor-economic sector, where a manpower shortage could develop.

"Our intention," this doctor said, "has been to organize activity that allows us to make contact with the public so as to develop awareness about this disease, above all where women, the government, and the educational system are concerned."

To this end, Health District No. 3 has sponsored a forum in which various experts will participate. It will be held tomorrow, Friday, beginning at 0800, at the headquarters of that health unit.

One of the doctors said that "our goals have to do with a search for alternatives that will allow us the time and space in which to gain an understanding of the situation and to initiate the actions needed to deal with this disease."

The doctors said that the attitude of women in this connection has been very passive, and a profound change is needed here. Consequently, an effort is being made to encourage a new attitude that is oriented toward taking responsibility for the health of the couple.

"AIDS," Dr. Riskey commented, "is a very complex disease, and its effects extend into the various sectors of national life—religious, social, economic, political, and legal. In addition, we could, within a few years, be faced with a tragic reality—innumerable orphaned and infected children, a decrease in the average lifespan, and the disappearance of a substantial percentage of the labor force."

"With regard to the research being pursued on the international level to find a cure for AIDS, the picture is not very encouraging."

"In connection, we must say that both the medications available and the research are extremely expensive. For this reason, efforts are being made to prolong and improve the quality of the lives of infected individuals, along with work in the preventive area. But no cure has been found thus far. It is therefore necessary to put into operation an educational system oriented toward changing the attitudes of individuals toward sex."



## REGIONAL AFFAIRS

### WHO Director Discusses AIDS

92WE0450A Jeddah 'UKAZ in Arabic 27 Apr 92 p 11

[Interview With Dr. Husayn al-Jaza'iri, WHO Regional Director for Eastern Mediterranean, by Salih 'Abd-al-Fattah; place and date not given: "Health Minister Who Has Become Official in Charge of Health of Eastern Mediterranean: 'AIDS Surrounds Arab Map; Population Growth Devours Arab Child's Health Mercilessly; Third World Countries Are Swamp for Diseases of Advanced Countries; Leave No Woman Unmarried, Unless You Want AIDS To Devour Us'"]

[Excerpts] "The Arab citizen's health continues to be in danger. Diseases threatening the entire world are likely to enter our Arab world. It is not unlikely that AIDS will spread in our Arab world. Our mothers continue to give countless births." [Passage omitted]

'Abd-al-Fattah: What is your opinion of the statement that AIDS poses no threat to our Islamic region, and how do we confront this accursed affliction?

Jaza'iri: We must not accept complete optimism in connection with keeping the danger of AIDS away from the region. The fact that we are Islamic states doesn't mean that we are safe from this accursed disease. Infection with AIDS doesn't result just from [the lack of] moral deterrent. There are numerous means by which blood is transmitted. The greatest fear is that these means will proliferate in our region. Even though we are likely to be among the countries least afflicted by this disease, this doesn't mean that we shouldn't devote great attention to this malady.

It was said that the disease was spreading in the United States [only]. Then it was said that it was spreading in Europe. It later became obvious that it was spreading in Africa and that it has been transported to Southeast Asia, Thailand, India, and to numerous other places where it was believed the disease couldn't spread. Adequate enlightenment is a must, because we fear that we will find ourselves caught suddenly and strongly in the talons of this disease. The ideal solution is to adhere to the faith, not to get involved in prostitution, and to marry legally. Through 'UKAZ, I urge all the youth of our Arab region to marry legally. For those who are unable to get married, they should remain chaste, as the prophet, may God's peace and prayers be upon him, has advised. Europe is living in great anxiety now, and the Western citizen suspects everything around him because of this disease that claims more victims every day. [Passage omitted]

## BANGLADESH

### Eight HIV Positive Cases Detected So Far

BK0205161692 Dhaka Radio Bangladesh Network in English 1530 GMT 2 May 92

[Text] The 16th meeting of the national AIDS committee was held in the WHO office in Dhaka today. Deputy Leader of the Jatiya Sangsad [parliament] and Chairman of the committee, Professor Badrudduja Chowdhury, presided. It

was disclosed that Bangladesh has no known case of AIDS at present, but has detected eight cases of positive AIDS virus so far out of which one developed full-blown AIDS and died. The meeting stressed the need for creating mass awareness against this killer disease.

## EGYPT

### Overview of Spread, Treatment of AIDS in Egypt

92WE0343A London AL-SHARQ AL-AWSAT in Arabic 21 Jan 92 p 8

[Unsigned article datelined Cairo: "Beginning With Professor at American University, Precaution at Fever Hospital in al-'Abbsiyah"]

[Excerpts] The first installment that we published in this investigation of acquired immune deficiency syndrome [AIDS] dealt with the illness in Morocco. Today, we publish the second installment, on AIDS in Egypt.

This illness has become a heavy incubus on the chest of human society, East and West. It is spreading at a frightening rate among the globe's inhabitants. Intensive efforts are being made to control, slow, and eventually overcome this killer plague. In spotlighting on this frightening illness, through this investigation and others, we are attempting to contribute to the current campaign to develop awareness among young people of both sexes and to warn them against coming into contact with sources of infection and to avoid its causes. [passage omitted]

There was a horrible crime committed against Egypt by an American tourist. He carried on debauchery and perverted sexual relations with six deprived children he picked up on public streets. The question that immediately comes to mind here is the following one: Is this American leading a plan to destroy our youth? Is there a link between him and his trip to Israel before coming to Egypt? How could this American tourist spend three years in Egypt without anyone knowing about him, despite his being without work or a stable source of income? Dozens of questions are still awaiting clear answers.

### Many Examples

There is the German tourist who sought out workers in a bakery next to his building, the British expert who used to pick up people in his car and take them to his apartment, and another Englishman who was turned in by parents of students in al-Muhandisin neighborhood for making students skip school and sexually attacking them.

### American Tourist, Innocent Victims

[passage omitted] The question is: How did the responsible agencies deal with this American tourist? The prosecutor's office ordered him jailed for four days for questioning, and had the children turned over to their parents. The accused was sent to the venereal disease section of the al-'Ajuzah Hospital to determine whether he had any venereal or communicable diseases, amidst many admissions by the children that other deprived children used to visit him.

The next step was for the al-Jizah Security Administration to turn the American accused of corrupting minors over to the Passport Investigations Department, which in turn deported him after setting his bail at 100 Egyptian pounds. Then another problem appeared. His English girlfriend, who had been living with him in the apartment, disappeared.

#### AIDS Ward at al-'Abbasiyah Hospital

Egypt's AIDS patients are received at the Fever Hospital in al-'Abbasiyah, where they are divided into two groups. The first group is foreigners who are detained until they can be immediately deported to their countries if their infection with the illness is confirmed.

The second group is Egyptians who are carriers of the virus, numbering over 40 patients. No one detains them, however, at the hospital. All of them live in their own residences, only visiting the hospital when they want to follow up on their cases. The hospital received "Amal," a woman with AIDS, and delivered her child there. There was another case of a woman with AIDS, Fatimah, who gave birth to a son, Mahmud. A professor of obstetrics and surgery volunteered to deliver her after she had suffered five hours of labor pains. A state of emergency was declared out of fear for the spectre of AIDS inside this woman, who was employed by the public sector. The hospital administration, however, refused to provide any patient names or any information about them.

AIDS research has been conducted at the Hematology and Clinical Immunology Section of the Faculty of Medicine at al-Azhar University since 1981, carried out by a group of physicians under the supervision of Dr. Nawal 'Afifi. They are in contact with a number of medical centers and associations in France and the United States. The Clinical Immunology Unit has an integrated team, most of whom have traveled abroad on 6-month AIDS training missions.

A female doctor received her doctorate on AIDS under Dr. Nawal 'Afifi's supervision. In addition to the modern equipment that assists all AIDS-related research, there are a number of cases that have been referred by private clinics. These people have come to the Clinical Immunology Unit voluntarily to determine that they do not have the disease. They had been suffering from immune system disorders, either due to hemophilia or leukemia. All of the samples that were taken from them were negative.

Health experts believe that informing the populace is the first step in preventing spread of the AIDS virus. No patient should receive blood unless it has been analyzed, nor should anyone be allowed to share his syringe.

The Ministry of Health is likewise committed to its minister's decree banning the importation of blood or blood products from abroad unless it has been tested for AIDS and infectious hepatitis, and affirming the need to use disposable plastic syringes. Samples brought to the central laboratories of the Ministry of Health are also tested. One near-positive case has been confirmed there. It was sent to the American research unit at NAMRU 3 [U.S. Naval Medical Research Unit 3]. This sample belonged to an Egyptian patient who worked as an attorney in Dubayy. He was

infected with the AIDS virus there via a blood transfusion given while he was undergoing surgery. Despite the meticulous testing of blood samples collected by the Ministry of Health, it still makes use of NAMRU 3 to confirm its results from the central laboratories.

There is a joint project between Egypt's Ministry of Health and NAMRU 3 to determine whether there are any AIDS cases in Egypt among people considered most susceptible to the disease. Two types of tests are conducted. The first test is called ELISA, a very sensitive and precise test that can identify near-positive cases that, in fact, are negative. A confirmatory test of these samples known as the "Blue Stret" Blot [as published, presumably Western Blot test] is conducted at NAMRU 3. This test is more accurate in diagnosing the samples and confirming that these cases are negative. [passage omitted]

#### AIDS Disease

[Passage omitted] Immunity is the struggle of the body against infection, or a group of actual responses manifested by the body against an external infection. This is caused by activating the immune B-type lymphocytes against the infection, and creating and dispatching antibodies from the immune B-type lymphocytes at rates equal to T-type lymphocytes so that they can get rid of the attacking virus, the "antigen," by destroying and consuming it with antibodies known as aminoglobulins.

This delicate operation is organized and led by the immune system. If the system is able to protect and defend the body, the patient recovers completely and returns to health. If it is unable to carry out this role, the disease worsens, grows, and leads to certain death. Immunity comes about through the skin's external protection of the body, the destruction and consumption of the virus and its poisons by the white blood corpuscles and other tissue cells, breakdown and destruction of the attacking virus by gastric acid and the digestive enzyme known as the polysaccharide "lysozyme enzyme," and chemical substances in the blood that attach themselves to these microbes and their poisons and do away with them, such as the "lysozyme enzyme."

#### Immune System Components

The immune system responsible for protecting the body against the danger of AIDS is made up of a protective network of external secretions by cells that recognize microbes such as the AIDS virus and a substance known as A.R.C. [AIDS-related complex] antigens. These cells recognize the antigens attacking a person's body and send out warning signals to all the body's other immune cells lying in a state of rest or inactivity. They are immunologically active, however, and ready to destroy and do away with this dangerous virus should it attack the body. [The immune system includes] the macrophage cells [phagocytes?], and the skin that lines and protects the gastrointestinal system, the respiratory system, and the circulatory system. Its secretions exit along with perspiration to kill the infection, be it viral or bacterial. The white blood corpuscles are part of the immune process. They include the lymphocytes that depend

on the thymus gland, which are called the T-type for that reason, and the B-type immune lymphocytes that form antibodies in the body. These are composed of [as published] bone marrow, the liver, the spleen, and the lymph nodes.

T-type lymphocytes are the cells responsible for what is known as imposing delayed sensitivity or cellular immunity.

When microbes attach to the cell [as published] via the antigen receptors on its surface, the cell has the ability to recognize the virus and attach to it and to nothing else in the surrounding environment.

As a result of attachment and bonding between the immune cell and the virus a violent collision occurs on the outer surface of the cell. This is called the "antigen-antibody" reaction, the result of which is to give off certain internal products of the cell known as "lymphokine," a substance which aids in activating the other macrophage cells and the B-type lymphocytes that send their antibodies to destroy and consume the attacking virus. Five types are now known, going by the term antibodies or "aminoglobulin."

## INDIA

### Papers Report on Struggle Against AIDS

#### First Kaposi's Sarcoma Case

92WE0406A Madras THE HINDU in English  
28 Mar 92 p 4

[Article: "Rare AIDS Case With Cancer Detected"]

[Excerpt] Bombay, March 27—The first case of AIDS with Kaposi's Sarcoma (KS) in a woman has been detected in the Department of Dermatology and Venereology at JJ Hospital here.

Kaposi's Sarcoma is a cancer rare and restricted to Sicilian males and people in Africa. After HIV/AIDS epidemic, it is considered to be the most common cancer encountered in male homosexual AIDS patients, according to Dr. H. J. Shroff, Head of the Department of Dermatology and Venereology, JJ Hospital.

It appeared as multiple painless purplish swellings predominantly occurring on the lower limbs and face, he said in a press statement.

The present case of KS associated with AIDS, developing in an Asian woman, was a rare occurrence, he said.

The diagnosis made was of a woman aged 35, by carrying out Elisa test and the Western Blot test from the patient's blood.

#### Armed Forces Screening

92WE0406B New Delhi INDIAN EXPRESS in English  
29 Feb 92 p 11

[Article: "AIDS Makes Inroads Into Armed Forces"]

[Text] Bombay—AIDS, the dreaded disease, has made inroads into the Indian armed forces and regular screening

of defence personnel is being conducted, Surgeon Vice-Admiral, Mr. Y. C. Sharma, said on Friday.

Addressing a press conference organised by the Bombay Medical Congress, he said the high-risk group in the three wings was prominent in the Navy. This was because Navy personnel make frequent trips abroad and are thus more susceptible, he added.

He said apart from stringent medical screening, special emphasis was being given to the AIDS awareness programme, which can rid the personnel of wrong notions which many people harbour. He refused to divulge the number of cases, the defence medical personnel have come across in their screening. He, however, pointed out that so far there has been no report on a full-blown AIDS case in any of the defence hospitals.

Answering a query on the treatment and counselling of patients, he said neither were they isolated, nor were they removed from service. But the subject's health was monitored. [Passage omitted]

### Underestimates Scored

92WE0406C New Delhi INDIAN EXPRESS in English  
7 Mar 92 p 8

[Editorial: "Coping With AIDS"]

[Text] With a \$85 million soft loan being sanctioned to India by the IDA and another \$1.5 million by the WHO to help combat AIDS, there can be no excuse for not trying to curb the spread of the dreaded virus on a war footing. The surveillance, monitoring and clinical management of AIDS leaving much to be desired in the country, it is not surprising that even the number of the human immunodeficiency virus (HIV) carriers in India has been grossly underestimated. While the official figure hovers around 7,000, the WHO holds that it is closer to 40,000. AIDS researchers, however, dismiss even the WHO estimates, claiming that the real number is nearer to a million. The Indian Council of Medical Research itself has been warned by the WHO that in the next five years some 60,000 AIDS cases would require hospitalisation in the country. The WHO has also noted that the rate of HIV infection in Bombay is "unparalleled for its intensity." Although the spread of the infection covers the entire country, the three States of Maharashtra, Tamil Nadu and Manipur have for long been identified as the "danger zones." Promiscuous heterosexuals, gays, prostitutes and intravenous drug users are among the high risk behaviour groups for AIDS. More than a million people are estimated to be practising "high risk behaviour" in India. AIDS-control in India has been complicated further with the discovery last year that the higher gestation period HIV-2 virus has also established itself in the country—up to now this strain was largely confined to West Africa. However, those found with HIV-2 infection in India had neither been to Africa nor had sex with foreigners. Up to now the screening tests were done for only HIV-1 but now combined testing methods would have to be used.



The IDA loan and the WHO grant have come at a time when the Indian medical authorities were complaining of financial constraints while clearly recognising that AIDS was going to be the major public health problem of the 1990s. These funds are to provide for building and strengthening surveillance and clinical management capacity, improving blood safety and promoting rational use of blood and blood products. The magnitude of HIV-infection in India is still lower than that in West Africa, and the major methods of HIV-transmissions as well as their associated focal points—especially in urban India, are slowly being identified. These funds can therefore be used effectively to attempt a concerted war against AIDS. The so-called strings attached to the fund availability—that an autonomous body should be set up to prevent and control AIDS and that the surveillance and monitoring data should be made available to the WHO—are no strings at all. The ICMR, which has pioneered AIDS control measures in India should not be overburdened by assigning it such a large role—although it is hoped that it would work closely with the new body. There should also be no problem in sharing the AIDS statistics with the WHO—AIDS is an international problem and has to be combated at both levels.

## Fight Against AIDS Continues, Statistics Given

### Bombay Physician's Report

92WE0440A Bombay THE TIMES OF INDIA  
in English 6 Apr 92 p 11

[Article by Bachi J. Karkaria: "HIV Has Hit 2.5 Million Indians"; boldface words as published]

[Text] Bombay, April 5. Dr. T. Jacob John has a soft voice, and a loud message. His latest finding is that 2.5 million Indians already carry the human immuno-deficiency virus (HIV), a revelation as controversial and alarming as his confirmation, six years ago, of the first HIV-positive case in India, a Madras prostitute.

Conventional wisdom on the AIDS issue is that it is confined to high-risk groups, and that the general population is immune. Researchers and doctors with their ear to the ground know that this is the optimism of the ostrich, but even the less conservative among them don't put the total number of HIV carriers over one million.

Dr. Jacob John heads the department of microbiology, virology and immunology at Vellore's groundbreaking Christian Medical College, and has now been appointed to the WHO [World Health Organization] global programme on AIDS committee for epidemiological support and research. He spoke to *The Times of India* in Bombay not only on his recent red alert, but also the larger issues in addressing a scourge that straddles all of society's concerns.

Asked how he arrived at a figure one and a half times that of the nearest estimate of HIV positivity, Dr. John refers to both numbers and trends. Besides, his studies have the reliability quotient of being time-bound, continuous and cross sectional. The incidence that he found among Vellore

prostitutes is as high as that quantified by Dr. Geeta Bhawe in Bombay: 35 out of every 100, compared to just one percent in 1986.

However, the significant difference is that Vellore is not a port city, commercial capital, tourist trap, magnet for migrant labour, or centre for any other activity conducive to an influx of outsiders. It represents medium town India, and according to Dr. John, these statistics can reasonably be extrapolated on the rest of the country.

"We began our random sentinel study only two years ago, but have already found several HIV positives among ordinary patients reporting at hospitals with nonserious complaints. Replacement and voluntary blood donor samples were, up to 1988, all negative. In each subsequent year, the rate remained one per 1,000, but, remember, each year we were looking at an entirely new group." (In Bombay comparable figures are twice as high).

This, according to Dr. John, is indicative of HIV's continuous, low-level rate of entry into the totally nonrisk population all over the country. "We see it in asymptomatic, unsuspecting pregnant women, all monogamous and faithful, but all of whose husbands are promiscuous. There is a ray of hope here, for this is dead-end infection. The women are unlikely to pass it on through the sexual route." (Chances of their passing it on to the foetus is one in three).

But it is an alloyed hope, warns the doctor. "Unlike Africa, where the leadership also got affected, here the elite may be spared. But the poor who live in overcrowded places, have an urban level of income but no savings, and are prone to blowing up everything on cheap alcohol and bazar sex—this group will fall sick like dogs, and die like flies. Today, they are dying of TB and diarrhoeal disease. I'm afraid we won't do any more to save them from AIDS either. We will do all we can to protect India, but Bharat will go under. It is this sin—an exacerbated inequity—that weighs on my conscience."

Dr. Jacob John despairs that it has "taken us six years to realise that the fire has started. The (recent national) conference on AIDS has hit us between the eyes. Virtually every doctor here—not only the ones from Bombay and Madras—says he or she has seen cases of full-blown AIDS. But how many have reported them?"

So how do we get rid of HIV? "We can't," says the microbiologist, pointing to the habit of retroviruses never to leave their hosts, whether simian, feline, bovine or, now, human. "The only option is to take a drastic look at today's risk behaviour, and see how we can alter it to safeguard tomorrow. Start with children, for whom sex is not a priority. Expose them to the dangers of multiple partnerships before they are in a position to make the choice. If you leave it till they are sexually mature, they will identify your message only with such experience, when, in fact it must be linked to caring, responsible relationships between people."

According to Dr. John, the subtext of the recent cases in the United States, involving Judge Thomas, Mike Tyson and William Kennedy Smith, is that women are saying, "When we sought relationships, you sought sex." "Manipulation has

continued under the flag of liberation, and Indians must think twice before abandoning conventional values for a spurious emancipation."

Dr. John does not think that AIDS' economic impact will dispel the complacency. "Yes, when people start dying in hundreds, productivity and consumption will fall, but it will take a decade of continuous onslaught before it makes a dent on the economy. The vast number of unemployed will simply take the place of those dead or too sick to work."

Yet, Dr. Jacob John sees in the pandemic an elevating message. "Let us look at AIDS not as a horror story, but an evolutionary process. A stage at which *homo sapiens* must learn to be a more responsible species, heed all the warning signals, whether they concern degradation of the environment or the destruction of compassion. Indians have the intellectual calibre to innovate for survival." He draws an analogy from politics: "In crises, Mr. P.V. Narasimha Rao keeps his mouth shut, and the whole country is psychologically tranquillised. Mr. Rajiv Gandhi would have overreacted, and the nation would have had a nervous breakdown."

Wrapping up, the nonviolent researcher into matters virulent leaves behind an unconventional idea: "We are being given a prophetic message through the retrovirus. We must treat this creature without a brain with more respect than we have the messiahs of the past. We must tune in to its wave length."

#### Statewise Distribution

92WE0440B New Delhi INDIAN EXPRESS in English  
28 Mar 92 p 7

[Text]

#### A Deadly Spread—Statewise Distribution of AIDS

State/UT	No. of AIDS Cases
Maharashtra	54
Delhi	15
Tamil Nadu	9
Punjab	8
Manipur	4
Pondicherry	3
Goa	2
Kerala	2
Jammu & Kashmir	1
Haryana	1
Uttar Pradesh	1
Rajasthan	1
Gujarat	1
Andhra Pradesh	1
West Bengal	1
TOTAL	104

Source: J E DataBank

#### AIDS in Navy

92WE0440C Calcutta THE TELEGRAPH in English  
30 Mar 92 p 4

[Text] Bombay, March 29: Twenty-three sailors in the Indian Navy have tested positive for the Human Immunodeficiency Virus (in 1991), though in 1990 not a single case was reported, a senior naval officer has said.

Surgeon Commodore Ranjit Das, the director of medical services in the Navy, who is in Bombay to attend the first national conference on AIDS, said 23 cases were detected from tests conducted only on patient belonging to high risk group.

Explaining the steps taken by the Navy to check the spread of AIDS, surgeon Commodore Das said condoms are being circulated and video films shown to create awareness on how the virus is transmitted. Compulsory blood screening for all donors and the use of disposable syringes in naval hospitals had increased confidence and helped dispel the fear of the disease, he added.

#### Help From World Bank

92WE0440D Seema Sirohi: Calcutta THE  
TELEGRAPH in English 3 Apr 92 p 1

[Article by Seema Sirohi: "India To Get \$84m To Fight AIDS: Largest Amount Sanctioned to Any Country"]

[Text] Washington, April 2: The AIDS epidemic has not yet hit India. But the growing rate of infection has made the Indian government and the World Bank sit up and take notice and combat the disease before it spins out of control.

The World Bank has announced a loan for \$84 million for India to start a massive AIDS prevention and control programme that is expected to save 300,000 people from contracting the disease by the year 2000. It is the largest loan approved to fight the disease anywhere in the world.

The World Bank has made a policy decision to treat human resource development as a priority area in order to encourage sustainable development, said Mr. Heinz Vergin, the director of the India division at the Bank. The AIDS epidemic, which has already affected large populations in Africa, is considered a major hurdle in the path of development.

India being the world's second most populous country could be fertile ground for the spread of the killer disease. An estimated 500,000 Indians are already infected with the Human Immunodeficiency Virus (HIV), which causes AIDS. If the current infection rates were to continue, five million people could be HIV-positive by the year 2000, according to the World Health Organisation and other groups monitoring the disease.

Mr. Vergin praised the Indian government's awareness and willingness to fight the disease at an early stage. "The government has a sense of urgency and there is a first class team working on this. The Prime Minister has gone public on this problem. This is not found in many countries," he said. Bank officials later effusively praised the health secretary, Mr. R.L. Mishra, and his deft management skills in

taking the initiative. India had approached the Bank nearly nine months back for the loan.

The Government of India will launch a programme against AIDS which will include a nation-wide public information campaign to educate the masses, measures to improve the safety of national blood supplies, education of medical professional and social workers in counselling the patients, measures to control sexually transmitted diseases and formation of national and state AIDS control cells to monitor and control the spread of the disease.

The total cost of the project is estimated at \$99.6 million, of which the World Bank will provide \$84 million, the government \$14.1 million and the WHO will grant \$1.5 million. The bank's lending will be through the International Development Association on soft terms, apart from support from the Bank, there has been "excellent cooperation" with bilateral sources. The Atlanta-based centre for disease control, the premier US organisation, has helped with technical know-how.

The project hopes to increase the blood screening capability in India to about 90 percent in five years from the current 25 to 30 percent. The screening of blood is limited to major metropolitan areas. The quality of condoms available in the Indian market will be improved. One of the major target groups will be professional blood donors who are considered a high-risk group because of their closer contact with sex workers. "There will be a phased reduction of professional donors over time. The government doesn't want to hurt them but it has to be done. The advantages outweigh the disadvantages," said Mr. Vergin.

According to Mr. Richard Skolnik, chief of India's population and human resources division at the Bank, the project will develop a series of technical committees which will help in evolving guidelines on training to deal with it in a humane way. "There is a considerable amount of training of doctors needed to understand what AIDS is. One anticipates it won't be easy," Mr. Skolnik said. "When it showed up in other countries, there was considerable ignorance." News reports have documented cases of major hospitals in Bombay turning away patients because they had AIDS. Nurses have taunted and refused to treat people who are HIV-positive. But there seems to be commitment in the health ministry to control the problem before it controls the people.

### Sharp Rise in AIDS in Calcutta

92WE0463 Calcutta *THE STATESMAN* in English  
15 Apr 92 p 1

[Text] In four months, the number of AIDS positive cases in Calcutta has gone up from 18 to over 30. Alarmed by this significant increase, the Government has convened a meeting of all departmental secretaries and heads of different State Government directorates at the Rotunda in Writers' Buildings on Thursday morning.

At the meeting, the Health Minister and the Chief Secretary will brief bureaucrats of this development and discuss

measures that would have to be taken. Experts of the School of Tropical Medicine's Virology Department will also be present at the meeting.

Sources in Writers' Buildings said on Tuesday that the data concerning AIDS incidence in Calcutta had only recently been updated by the Tropical School scientists. They had told the Health Department that the number of cases, which was only 18 over the past four or five years, had climbed to more than 30 in over a four-month period. In December last year, the Health Department had said that the number of AIDS positive cases had not crossed 20 despite the heightened surveillance by the Tropical School scientists.

The sources explained that all departmental heads had been asked to attend Thursday's meeting as the acuteness of the problem demanded a systematic and sustained effort by the State Government.

A massive AIDS awareness campaign would have to be launched and discussions would centre around modalities of that drive. Those entrusted with the responsibility of undertaking the campaign would be asked to ensure that the people did not panic. The Vice-Chancellor of the State-aided universities have also been asked to attend the meeting.

The Health Department did not want to divulge details concerning cases that had been found to be AIDS positive very recently. When contacted, Dr. M.S. Chakraborty, Head of the Virology Department, Tropical School, refused to provide any details at this stage. Other sources said that a few of the more recent cases could be prostitutes. It may be recalled that the Tropical School has been collecting a large number of blood samples from the red light areas more than two years ago.

### New Delhi, Islamabad Discuss Pakistan HIV-Free Requirement

BK2805165892 Delhi All India Radio Network  
in English 1530 GMT 28 May 92

[Text] New Delhi is in touch with Islamabad on Pakistan's notification that Indians visiting that country should have a medical certificate that they are not HIV positive. An External Affairs Ministry spokesman said in New Delhi today that it is understood that the notification is being withdrawn.

## ISRAEL

### Spread of AIDS Virus Doubled Compared to 1990

TA2705163092 Tel Aviv HADASHOT in Hebrew  
27 May 92 p 10

[ITIM report]

[Excerpt] The speed with which the AIDS virus is spreading in Israel has doubled. That is the conclusion from data gathered over the first five months of 1992, compared to the first half of 1990. This was reported yesterday at a gathering of the top officials in the Negev of the Histadrut sick fund at the Soroka Medical Center in Beersheba.

Yinon Shenkar, coordinator of the AIDS prevention project, provided the gathering with data on the spread of the virus in Israel. He said that 21 people carrying the AIDS virus were reported in the past month, and since the start of the year, 77 new cases were reported, 16 of them women. That is double the number of AIDS virus carriers reported in the first six months of 1991. [Passage omitted]

## JORDAN

### TIMES On Number of AIDS Cases in Country

JN2105123692 Amman JORDAN TIMES in English  
21-22 May 92 p 3

[Special report to the JORDAN TIMES by Maha 'Addasi]

[Excerpt] Amman—The number of patients suffering from Acquired Immune Deficiency Syndrome (AIDS) in Jordan has reached a record 72 this year, up from 38 in 1989, but measures are being taken to combat the killer disease.

The numbers, which were released at a one-day seminar entitled "The Role of the Voluntary Sector in Preventing the Spread of AIDS," which took place at the Philadelphia Hotel Wednesday, organised by the Ministry of Health in cooperation with the World Health Organisation (WHO), were mentioned along with the need to educate people on the different methods responsible for the spread of this disease. [passage omitted]

## MOROCCO

### Costs, Methods of Fighting AIDS Discussed

92WP0405A Casablanca LA VIE ECONOMIQUE  
in French 3 Apr 92 pp 1, 3

[Interview with Othman Akalay, head of epidemiology at the Ministry of Health, by Faïen Safieddine: "AIDS in Morocco: What It Will Cost"; first six paragraphs are LA VIE ECONOMIQUE introduction]

[Text] Mr. Othman Akalay, who is the head of the Epidemiology Department at the Ministry of Health, briefed us about the study to predict the human and financial costs of the scourge.

- According to Dr. Akalay, the Ibn Rochd Hospital recently calculated that an AIDS patient costs the state an average of 75,200 Moroccan dirhams (Dh). By the year 2001, pessimistic forecasts put the cumulative number of our AIDS cases at 8,810. Morocco will have 20,979 seropositive individuals, and 709 AIDS cases. This would cost the state Dh102.805 million—adjusted for inflation—in hospital costs and services, and a minimum of Dh10.150 million annually for ancillary expenses. The use of condoms is still the only effective means of protecting oneself against AIDS. But their cost remains prohibitive for the poorest classes.

Despite media campaigns by the Ministry of Health and certain associations to raise the public's awareness of the seriousness of AIDS, Moroccans are still ill-informed about what the disease will cost us humanly and financially, both

now and in the near future. The director of the Ministry of Health's Epidemiology Department, Dr. Othman Akalay, was kind enough to grant us an exclusive interview detailing the results of his department's studies on these basic aspects of the problem.

**Safieddine:** Is there a way to evaluate what AIDS is now costing Morocco in human and financial terms? And if no radical cure is found in the meantime, what will it cost us in the near future?

**Akalay:** It is never easy to evaluate the cost of an illness, first because there is often a lack of reliable data, and second because anything to do with human health is always bound up with complex ethical problems. Yet we cannot ignore the economic and financial dimension of health problems, which we need to know to do any real planning. To assess the cost of AIDS, we must measure the current epidemic and make projections for the future. We have computer models that help us see the picture more clearly. One of them—EPIMODEL, the most widely used in the world—generates several hypotheses for the future.

1) If the cumulative number of AIDS cases that have been reported to us is correct—that is, if Morocco has had a sum total of only 98 cases between 1986 and the end of 1991—and in the unlikely event that all the cases have been correctly reported, it would mean that the cumulative number of HIV infections in 1991 was 1,508, with 1,410 seropositives. It also means that the number of new infections in 1991 was 365, and that 35 people died of AIDS during the year, bringing the cumulative number of deaths to 76. If we admit that hypothesis, then 10 years later, in 2010, we would have 1,810 cumulative AIDS cases, 3,748 cases of HIV infection, and 135 AIDS cases. The incidence of the disease—that is, the number of new AIDS cases reported during 2001—would be 270.

2) It is possible to advance other hypotheses, and suppose that the cases reported to the Public Health Ministry represent only a half, a third, or a quarter of the real cases. Obviously, the projections vary depending on which we assume. Personally, I am inclined to think that double would be closer to the real situation than the other projections. But assuming the worst—that is, that we know about only one quarter of the actual cases—we would have 8,810 cumulative cases of AIDS, 20,979 seropositive individuals, and 709 AIDS cases in 2001. The incidence of AIDS would be 1,478 full-blown cases and 2,238 cases of infection. During 2001, 1,370 people would die of AIDS, bringing cumulative deaths to 8,101. Those are the extreme projections.

So much for the human cost. But what is the economic and social impact?

- Looking at the current situation in the world, we see that one out of four hospital beds in the United States of America in 1991 is occupied by an AIDS patient. The annual cost of caring for an AIDS patient, from diagnosis to death, is about 73,000 U.S. dollars, or nearly Dh620,000. A Tanzanian patient costs only \$400, or Dh3,400, while the cost of a hospitalized Zairian child is \$91, or Dh774. The difference is



enormous. To illustrate the disparity, let me point out that the annual budget of Kinshasa's main hospital is less than the cost of treating 10 AIDS patients in the U.S.A.

- In Europe, the cost of hospital care for AIDS patients and seropositive patients was estimated at 25 billion French francs [Fr] in 1991. Three percent of the hospitals beds at Public Assistance in Paris are occupied by AIDS patients.
- In Morocco, calculations made recently at our request by the Infectious Diseases department team at the Ibn Rochd Hospital Center in Casablanca indicate that the average AIDS patient cost the state Dh75,200 (\$8,850): 65.5 percent of that went for medications and 35.5 percent to the cost of hospitalization and clinic examinations. That puts Morocco midway between the United States (12 percent) and sub-Saharan African countries (2,200 percent of what Tanzania spends).
- This means that in 1991, a year when we treated about 30 cases, we spent Dh2,256,000. In 2001, according to the most optimistic scenario, our annual hospital expenditures for AIDS will be Dh19,575,000 in inflation-adjusted dirhams. If we take the worst case scenario, we will spend Dh102,805,000, adjusted for inflation. If we assume the optimistic forecast, and consider all hospital expenditures from the epidemic's start in 1986 to the year 2001, we get a total of Dh131.225 million in 1991 dirhams.
- If we factor in the other expenditures—essentially systematic blood testing for transfusions (an average of Dh5 million a year) and informational and educational efforts, whose total cost for 1992 is predicted to be Dh5.150 million—then the annual minimum is about Dh10.15 million.
- Thus, in 1992, total direct costs will exceed Dh30 million at Moroccan currency rates.

**Safieddine:** Then what are the indirect social and demographic costs?

**Akalay:** The age group most affected by AIDS are the 25- to 45-year olds, who are at the peak of their productivity and who escaped death from childhood illnesses. At current international death rates, the added mortality among adults due to AIDS is estimated at 0.1 percent. According to the World Bank, this translates into a 30-percent average drop in GNP [gross national product] growth. The situation is more worrisome in urban than in rural areas. In Africa, AIDS has hit managers and the ruling classes hard. Some African national airlines have already been affected by a shortage of pilots lost to AIDS. Some projections underscore the risk of political repercussions and government destabilization, linked to high death rates in state organizations. African countries have invested heavily in these managers, who die young before they even have time to contribute to their country's prosperity.

There are also demographic repercussions. AIDS is slowing down the infant mortality decline in developing countries. We know that 5 to 20 percent of women of childbearing age in Africa are seropositive. That is a huge shadow over Africa's demographic future.

Economies have been weakened: Zambia is an eloquent example. Zambian copper mines account for 20 percent of the state's gross national product. The seropositivity rate is 10 percent among miners, and the country has been faced with a steady increase in the number of AIDS patients for the last four years. Consequently, because of their system of medical and social benefits, which guarantees free care to everyone, Zambia's industrial economy has been steadily deteriorating. The extent to which AIDS reduces the potential labor pool in each country obviously varies, but in countries where the HIV-positive rate reaches 30 percent in urban areas, it will be tough to maintain competitive economic organizations. African researchers have tried to qualify the economic weight of AIDS, and posit that each case of HIV infection equals 8.8 productive years in a healthy individual's life.

Another social consequence is that, 10 years from now, the death of fathers and mothers from AIDS will have orphaned 10 million children worldwide. What will become of them? Who will take charge of them and at what price?

**Safieddine:** All the media campaigns against AIDS cite condoms as the sole means of protecting oneself against the disease. Do you have an estimate of how many condoms are now being used in Morocco?

**Akalay:** Condoms are indeed the only effective and universal means of protecting oneself against AIDS infection through sexual relations. Condom consumption patterns in Morocco break down as follows:

Annual consumption is 6 million condoms. The state (the Public Health Ministry) distributes 3.5 million free of charge and the private sector sells 2.5 million. There are four brands of condoms on the private market, and one of them accounts for half of all sales. That brand is subsidized and its marketing is supported by USAID [U.S. Agency for International Development] as part of what is called the Moroccan Social Marketing Program. The condoms are American made and are supplied free of charge to the company that packages them locally. As far as we know, this American technical and financial aid is guaranteed for three years. After that, the company will have to continue to operate and sell condoms that it will purchase on the international market, while keeping prices within the reach of the poor and middle classes. The brand in question sells condoms in packages of at least three. Each condom costs the pharmacy Dh2.33. The other brands sell for between Dh3.5 to 5.16.

Assuming that the lowest price is maintained over the next few years, it is, in our opinion, still too high for the smallest incomes. For a man whose income is very modest, Dh2.33 for each sexual act is too much when a loaf of bread costs Dh1. So, whatever the cost, we must market lower-priced condoms to encourage their use among the poor. An obvious proposal is to eliminate all taxes—customs, VAT [value-added tax], and other levies—on these extremely useful products. Condoms are also (and especially these days) used for family planning, as a radio ad suggests. According to a recent study sampling 242 condom users, 68 percent are married and 32 percent single. Socially, 78 percent of them



belong to the B and C classes, that is, to the rich and middle classes. It is urgent and financially profitable for us to increase the popularity of condoms: Preventing AIDS will be much more economical than expensively treating a disease that is incurable in any case.

**Safieddine:** What is your ministry's communication policy on preventing the spread of AIDS, particularly among social classes that are largely illiterate and thus not reached by the print media?

**Akalay:** Our communication policy is threefold. It involves:

- Field studies, notably among high-risk populations (students, prostitutes, etc.), to assess the Moroccan population's knowledge, attitudes, and practices with respect to AIDS.
- Direct communication with the media and high-risk populations through conferences, seminars, round tables, and press meetings that are conducted by Ministry of Health agents or anti-AIDS organizations in different Moroccan towns and regions.
- Press communiques, bulletins, and studies that we systematically dispatch to all of the nation's print media, and a few radio—and more rarely televised—programs.

The results—which you can publish—of the three studies conducted so far are telling. They essentially show that 74 percent of those surveyed have heard of AIDS, that 93 percent of students would like to know more about it, and that radio and television are the most frequently cited sources of information.

On this last point, we have to admit that there is a huge information void to fill through the media that reach the overwhelming majority of the population: radio and television. We urgently need to step up the number of public awareness programs and radio and television spots in the broadcast media, in agreement with all the private and public, national and regional stations. The broadcast media must get across two messages: as much information as possible about AIDS, and the promotion of condoms as the only means of protection, and not just as a contraceptive method. Unfortunately there is a great deal of resistance, the upshot of which is that we have been waiting for several months for television officials to approve the broadcast of an AIDS public-service message—even though we produced it with the sensibilities of Moroccan viewers in mind. We are also preparing a film on AIDS with the educational television station, that is intended for secondary-school teachers and students. Likewise, we will soon distribute a hundred thousand posters depicting an AIDS patient, to bombard the population on a large scale and test the effect of such a message.

Direct efforts through educational seminars and conferences essentially target high-risk groups. During informational tours in different regions of Morocco, we have already reached hotel personnel, health-care professionals, and secondary-school teachers, especially teachers of natural science.

Likewise, we conducted an informational and public-awareness campaign in conjunction with the Ministry of

Justice among Moroccan prisoners and, of course, penitentiary doctors. We did the same among Armed Forces health services, health officers at the borders, and even police officers. All these people act as a network to relay the information, but they cannot fill the media void left by radio and television.

#### The First AIDS Studies in Morocco

Three studies were conducted in 1990 and 1991 to investigate the behavior of Moroccans with respect to AIDS.

The first, which was carried out in Casablanca, looked at 106 prostitutes. It cost \$11,000 and was financed by Family Health International. The study showed that 65 percent of the subjects perceive AIDS as a very serious illness, 5 percent see it as fairly serious, and the remaining 30 percent are unaware of the risk and danger of the illness. Only 7 percent know how AIDS can be diagnosed.

Less than 6 percent use condoms frequently, 16 percent employ them occasionally, 32 percent rarely, and 46 percent never. The main obstacles to condom use seem to be their unavailability and customers' refusal.

Prostitutes must be educated through direct contacts. A simultaneous informational campaign must be conducted among customers. Finally, we must solve the problem of condom access.

The second study surveyed 600 students in Casablanca, Fes, and Marrakesh. It cost \$20,000.

The study showed that 96 percent of those surveyed know of AIDS's existence. Transmission among students is: Sixty percent sexual; 41 percent via the blood; 20 percent from syringes; and 16 percent from drug use. For prevention, 29 percent mention condoms, and 35 percent one's choice of sexual partners and avoidance of prostitutes. Finally, 93 percent of the students would like to know more about AIDS.

The third study concerned a representative population sample of 1,258 individuals. WHO financed the survey, which cost \$35,000. The study was made for the benefit of the Ministry of Public Health.

The survey showed that 74 percent of those questioned had heard of AIDS. The extent of their knowledge varied by age, gender, marital status, education, place of residence, and profession.

Over 90 percent named the principal transmission routes, but distinguished between sex with foreigners, which 90 percent mentioned, and sexual relations with Moroccans, which only 68 percent cited. Misconceptions about transmission also exist, with 48.7 percent mentioning insect bites, 41.1 percent food and silverware, 51.5 percent clothes, and 52.3 percent sexuality.

Thirty-two percent of the sample cited condoms as a means of contraception, with only 42 percent of those who mention condoms believing that they can prevent AIDS.

Finally, radio and television are the most oft-cited sources of information.

### **Uzbekistan Institutes AIDS Education for Youth**

92WE0279A Tashkent MOLODEZH UZBEKISTANA  
in Russian 5 Nov 91 p 6

[Article by Liliya Belei, under the title: "AIDS and Youth";  
under the rubric: "Anti-AIDS, Third Article"]

[Text] As children grow older they need more detailed information as to how to protect themselves from HIV infection. But teachers, parents, and even public health workers do not yet have a unified opinion as to what and how to tell children about AIDS prophylaxis.

The question which evokes sharp disagreement is: Is it necessary when telling teenagers about AIDS to inform them in detail about the routes of transmission of the virus and how to avoid the risk of transmission of HIV infection?

More than half of American teenagers begin sexual life before 17 years.

In our country, especially in the Central Asian part, the state of affairs along these lines is more favorable, which is explained by national and regional customs. Until recent times, our youth has had limited access to all kinds of literature and video products. But as the result of processes taking place in society, the reduction of requirements on the quality and content of movie and video products and printed matter, information containing the most frank reports regarding various aspects of life, including sex, has come down upon youth in torrents. And as a result of this a sexual revolution has "begun to march" across the country, sweeping away all barriers, impediments, and prohibitions in its path. What America experienced in the 1960s is just beginning here. But, unlike previous years, the situation is aggravated by the menace of the spread of AIDS. On Sept. 12, 1991, 667 HIV-infected Soviet citizens and 597 foreign citizens were registered in the country.

So far the epidemic has not inundated the country; we have time to create a barrier against its spread. And, as has been stated already, health education is the most effective means of AIDS prophylaxis. It is also necessary to develop an AIDS program for parents, who are in many cases the first source of such education for children, a source of information or a role model. The results of an investigation carried out in the USA indicates that teenagers with whom parents have discussed sexual questions when they were children are inclined to begin sexual life at a later age.

There are for youth in particular, along with a heightened danger of infection with AIDS, broad possibilities in the contemporary world to use their energies and ideas in the prophylaxis of HIV infection. There is already experience abroad with the involvement of teenagers in efforts to disseminate information on AIDS questions, as well as in providing assistance to HIV-infected individuals and AIDS patients. For example, there are at the present times more than 150 youth "Anti-AIDS" clubs in Zambia. The members of the club make a pledge of sexual abstinence before marriage, take on the obligation of disseminating information on AIDS among friends and relatives, to care actively for those who have become infected or become ill, and to

help their families. Brochures for younger and older school-children are also published there with information on AIDS prophylaxis. In a number of countries a sex education course is included in the educational system. When there is no such course, some teachers of older grades conduct some kind of "sexual orientation", if they see the necessity for it, outside the framework of the official curriculum. At the same time many teachers are not prepared to undertake sex education. They must with difficulty overcome their own prejudices and religious views. Investigations on the sexuality of teenagers show how little correct information they receive on questions of sex, and how unreliably informed they are about reproduction, physiological cycles, and the prevention of pregnancy and sexually transmitted diseases. A similar level and quality of teenagers' information on these problems are also observed in our country. In this context the necessity of developing approaches to and curricula for sex education among students of schools, technicums, and institutes of higher education of the republic has come to a head. This work is being carried out by staff members of the Republic Center for the Prophylaxis and the Campaign Against AIDS of the Ministry of Public Education. A health education course on AIDS prophylaxis will be introduced into all educational institutions in the very near future.

### **Uzbek Anti-AIDS Law**

92WE0412A Tashkent MOLODEZH UZBEKISTANA  
in Russian 14 Nov 91 p 4

[Regulations on Medical Testing to Reveal Infection by Human Immunodeficiency Virus (AIDS) and on Preventive Observation]

[Text] 1. These Regulations are published on the basis of Article 2 of the Uzbek Republic Law dated 14 June 1991 "On Prevention of AIDS," and of the "Regulations on Medical Testing to Reveal Infection by Human Immunodeficiency Virus (AIDS)" approved by the USSR minister of health on 4 October 1990, and they establish the following procedure for medical testing of citizens of the Republic of Uzbekistan, foreign citizens and persons without citizenship residing on or present within the territory of the Republic of Uzbekistan to reveal infection by human immunodeficiency virus (AIDS).

2. The following are subject to testing:

2.1. Donors of blood, blood plasma and other biological fluids and tissues, at the time of each donation.

2.2. Citizens of the Republic of Uzbekistan returning from foreign official, business and private trips of greater than 1 month's duration, upon their return and 6 months later.

2.3. Foreign citizens and persons without citizenship entering the Republic of Uzbekistan for study, for work, after vacations or for other purposes, within the 10 days after arrival, and during annual preventive examinations, with regard for the provisions of Paragraph 9 of these Regulations, with the exception of foreign citizens and persons without citizenship arriving from countries issuing certificates of testing for antibodies to the AIDS virus that are recognized by the USSR.

2.4. Citizens of the Republic of Uzbekistan who travel abroad to countries requiring a certificate of testing for infection by human immunodeficiency virus (AIDS).

2.5. Citizens of the Republic of Uzbekistan and foreign citizens who had sexual contacts with AIDS patients or virus carriers and who are revealed by epidemiological examination; they are tested quarterly for 1 year, and twice a year thereafter with regard for the provisions of Paragraph 14.5.

2.6. Patients with the following clinical indications:

- running a fever for over 1 month;
- possessing two or more enlarged lymph nodes for over 1 month;
- suffering diarrhea lasting over 1 month;
- experiencing unexplained weight loss of 10 percent or more;
- suffering protracted and recurring pneumonia, or pneumonia not responding to conventional therapy;
- suffering protracted and recurring purulent bacterial and parasitic diseases, and sepsis;
- acute encephalitis and weak-mindedness in previously healthy persons;
- suffering hairy leukoplakia of the tongue;
- suffering recurring pyoderma;
- women with chronic inflammatory diseases of the female reproductive system of uncertain etiology;
- suffering chronic inflammatory diseases of the oral mucosa.

2.7. Patients suspected of, or with a confirmed diagnosis of:

- Kaposi's sarcoma;
- cerebral lymphomas;
- T-cell leukemia;
- pulmonary and extrapulmonary tuberculosis;
- carrying hepatitis B surface antigen (at the time of the diagnosis and after 6 months);
- diseases caused by cytomegalovirus;
- generalized or chronic form of infection caused by herpes simplex virus;
- recurring herpes zoster in persons under 60 years of age;
- mononucleosis (3 months after the beginning of illness);
- pneumocystosis (pneumonia);
- toxoplasmosis (of the central nervous system);
- cryptococcosis (extrapulmonary);
- cryptosporidiosis;
- isosporosis;
- histoplasmosis;
- strongyloidosis;
- candidiasis of the esophagus, trachea, bronchi or lungs;
- profound mycosis;
- atypical mycobacteriosis;
- progressive multifocal leukoencephalopathy.

2.8. Children:

2.8.1.—born of HIV-infected mothers, at the time of birth and 6 and 12 months after birth;

2.8.2.—from mixed marriages with foreign citizens, including marriages not officially registered, at the time of birth and 6 and 12 months after birth;

2.8.3.—born of sperm donors, at the time of birth and after 6 and 12 months;

2.8.4.—prior to adoption, and upon admission of children to children's homes;

2.8.5.—on record with the police, with an early and perverted sex life, once a year;

2.8.6.—newborn infants with developmental abnormalities, intrauterine infection, premature infants.

2.9. Patients regularly receiving transfusions of blood and its preparations (hemophilia, Werlhof's disease, von Willebrand's disease, anemia of various genesis, and other blood diseases and recipients), once a year.

2.10. Pregnant women, when put on record for pregnancy, and in the 30th week of pregnancy; in the event of the absence of AIDS testing data or metabolic chart (obmen-naya karta), at the time of admission to a maternity ward.

2.11. Placental blood from a woman in childbirth being sent to the Tashkent Scientific Research Institute of Vaccines and Sera.

2.12. Pregnant women undergoing testing in relation to artificial interruption of pregnancy.

2.13. Persons entering resuscitation, oncological, thoracic and hematological institutions and departments.

2.14. Persons suffering sexually transmitted diseases, at the time of application for medical aid, and thereafter in accordance with indications; this includes persons with venereal diseases (adults and children), quarterly for 1 year, and twice a year thereafter.

2.15. Persons working with the AIDS virus or involved in diagnosis, treatment and direct services to HIV carriers and AIDS patients, once a year.

2.16. Personnel of the blood service and of clinical biochemical laboratories, prior to starting work, and annually during job physicals thereafter.

2.17. Material (blood, serum) from persons who died of infectious and parasitic diseases, sepsis, and with clinical signs of the diseases listed in paragraphs 2.6 and 2.7, and on the basis of AIDS indications.

2.18. Persons in relation to whom there is sufficient and reliable information that they engage in improper sexual contacts—quarterly.

2.19. Persons in risk groups: those suffering drug addiction and toxic substance abuse, homosexuals and bisexuals, and persons practicing prostitution are tested twice a year.

2.20. Persons in risk groups entering the admissions and room assignment offices of prison isolation wards, and persons in corrective labor institutions and in therapeutic labor dispensaries, upon admission and prior to release.



2.21. Persons who had undergone treatment in sanatoriums and vacation homes, 3 months after their return, once.

2.22. Vagrants without a permanent place of residence.

2.23. Workers of hotels, restaurants and bars providing services to foreign citizens are tested once a year.

2.24. Drivers of long-distance motor transportation, flight crews, workers in restaurant cars and refrigerated trains, and train conductors, once a year.

3. Citizens of the Republic of Uzbekistan, foreign citizens and persons without citizenship who have expressed the desire to undergo testing, including anonymously.

4. The principal method of AIDS testing is laboratory blood analysis.

5. Testing to reveal infection by human immunodeficiency virus (AIDS) is carried out only in state therapeutic and preventive institutions.

6. Citizens of the Republic of Uzbekistan, including military servicemen, who have returned from foreign official, business and private trips (lasting over 1 month) are sent for testing to public health institutions by the organizations that sent these citizens on such trips (see Paragraph 2.2.).

7. Foreign citizens and persons without citizenship who arrive for work or for other purposes are tested on the basis of referrals by the organizations receiving them and by persons responsible for their arrival. If a foreigner or person without citizenship so wishes, a medical worker or a representative from the embassy of the corresponding state may be present when blood is sampled.

8. If citizens of the Republic of Uzbekistan, foreign citizens and persons without citizenship who have undergone laboratory or clinical testing so desire, they are provided with a medical certificate of the established format (Form No 082-1/U-88, approved by the USSR Ministry of Health on 7 April 1988) indicating the testing results.

9. If a citizen of the Republic of Uzbekistan, a foreign citizen or a person without citizenship so desires, he may undergo retesting in another public health institution.

10. Diplomatic associates of foreign diplomatic representatives and consular institutions, and other persons enjoying diplomatic privileges and immunities in the Republic of Uzbekistan, may be tested to reveal infection by human immunodeficiency virus (AIDS) only with their consent.

The Ministry of Health of the Republic of Uzbekistan initially coordinates proposals that such persons undergo testing with the Ministry of Foreign Affairs of the Republic of Uzbekistan.

11. The question as to the possibility of testing associates of international, intergovernment, nongovernment and other organizations and institutions, as well as foreign representatives who are accredited with the corresponding ministries, departments and organizations, is resolved with the participation of the ministries, organizations and institutions on the basis of international multilateral treaties and conventions, bilateral treaties and practice.

12. Medical workers and other persons who have become privy to information regarding medical testing to reveal infection by human immunodeficiency virus (AIDS) and the testing results in the line of duty are obligated to keep this information secret.

13. The corresponding ministries, departments and organizations are entrusted with practical implementation of these Regulations and are responsible for their fulfillment.

The Regulations are binding upon all public health organs and institutions, including cooperatives, ones providing paid services, and others.

### AIDS Cases on Rise in Belarus

92WE0218A Minsk SOVETSKAYA BELORUSSIYA  
in Russian 30 Nov 91 p 2

[Article by V. Glazovskiy, chief physician at Republic Center for AIDS Prevention and Control, first two paragraphs are SOVETSKAYA BELORUSSIYA introduction]

[Text] One should not say that "This is not a threat for me." Each and every one of us is in the risk group.

This year marks the tenth anniversary of the first cases, later diagnosed as AIDS, recorded in the United States. At that time, at the very beginning, the potential scope of the epidemic disaster was greatly underestimated, if not denied entirely. At present, a decade later, the global epidemic (pandemic) is still at the early stage of its development, and it is difficult to assess its probable extent; however, it is already quite apparent even to a specialist that AIDS is an unprecedented threat to the health and life of people on earth.

Any publication of statistics on AIDS victims becomes obsolete immediately, since their number is growing very rapidly. At the present time, the United States of America are in the lead with respect to incidence of the disease, with already more than 120,000 deaths and over 1.5 million people infected with the HIV virus. They are followed by East and Central Africa, where there are villages in which all of the inhabitants have expired.

As to the West European countries, France, Unified Germany, Italy, Spain and Austria have been stricken the most. Whereas in East Europe, Southeast Asia and Oceania the AIDS pandemic is only beginning to reap its terrible harvest.

It is projected that, by the year 2000, the number of people infected with HIV virus in the world will reach 30 million men, women and children. The mortality rate for the age groups from 20 to 49 years will rise by several times. Such development of the epidemic could cause social and economic upheavals and lead to political destabilization of countries that are seriously affected by the epidemic.

To date, medicine has a clear idea about the routes of transmission of the virus. Research has shown that it is transmitted sexually, as a result of injections or some other route where contaminated blood penetrates into the body, as well as from an infected mother to her child. Let us add here the problems of our health care, including the shortage



of medical instruments and disinfectants at medical institutions, carelessness on the part of workers in hair-dressing salons, manicurists, pedicurists and cosmetologists, uncontrolled number of various people practicing acupuncture, and then you will realize that any of us could become a potential victim of AIDS. The tragedies in Elista, Rostov, Volgograd, Shakhty and Smolensk confirm this. Incidentally, there are already enough examples in our republic.

To date, 68 people with HIV virus have been picked up in Belarus, and 29 of them are our compatriots, including 5 children. In addition, there are more than 300 citizens of this republic who are presently in the group of strict monitoring because of vagueness of test results. In the same group there are approximately 1,500 more people who have had sexual or medical contact with HIV-infected people, as well as representatives of risk groups, and we were able to determine there are more than 1,000 of them in Minsk alone as of today.

A total of 39 foreign citizens representing both the African continent and European nations, including East European countries, have been found in this republic and deported in recent years.

Last year, 103,000 foreigners visited this republic as tourists, 20,000 came on business, and there were close to 12,000 foreign students, workers and specialists who resided here.

It should be stressed that these guests lead a far from celibate life. We are learning of numerous contacts between foreigners and our citizens. The representative of one East European country, who was recently found to be HIV-positive, could not even remember the names or at least the number of all representatives of the fair sex whom he had exposed to the fatal risk of infection with this virus. Incidentally, the absolute majority of women in this republic, who are HIV-positive were infected as a result of sexual contact with foreigners.

We are particularly alarmed by the recently discovered HIV virus in five of our compatriots who had had absolutely no contact with foreigners. This indicates, once more, the continuing process of implantation of the virus in the republic and the already begun spread among our inhabitants.

According to prevailing worldwide practice, it is believed that there are 10-12 undetected HIV-positive cases per case that is found, i.e., as of today there are at least 300 people in the republic who are infected with this virus, and there are rather convincing data that suggest that they number about 700.

At least 50 billion rubles, in terms of 1990 prices, will be required to render medical care to HIV-positive and AIDS victims in the year 2000, whereas about 40 billion rubles were spent last year on all forms of health care in our country. I doubt that the economy of our republic, which has already been undermined by the Chernobyl accident, could withstand such a blow.

As of today, Belarus is in third place in the nation in both absolute number of HIV-positive cases (after Russian and

the Ukraine) and in incidence of the virus scaled to 1000 residents (after Latvia and Estonia).

The history of development of the AIDS epidemic afforded our country and republic a postponement of almost 7 years. Most of this term has already elapsed. Our republic cannot boast of either the speed or intensity of measures that have been undertaken. With the exception of the Ministry of Health, virtually no one is worried about the AIDS problem: in these times of changing to a market economy, each ministry and agency, and each institution are trying to survive independently. But AIDS has no bearing on the market, and with such an attitude it will raise very soon the question of survival of our nation.

### Legalization of Homosexuality Advised

92WE0255F Moscow NEZAVISIMAYA GAZETA  
in Russian 11 Jan 92 p 6

[Letter to the Editor: "Rather Than Crushing the Homosexual Community, It Should Be Brought Up From the Underground: Possibly Then an AIDS Epidemic Will Not Occur"]

[Text] Associates of the newspaper 1/10 read with interest G. Lukyanchikov's article "Legalization of Homosexuals Threatens Escalation of the AIDS Epidemic," published in NEZAVISIMAYA GAZETA on 19 December of last year. We share his concern for the AIDS problem in our country, which we have been dealing with since 1989. From the very beginning of the epidemic of the "plague of the 20th century" we have kept in touch with homo- and bisexuals among whom we were able to reveal AIDS for the first time. There are now 106 homo- and bisexuals infected with the AIDS virus in the country. It stands to reason that this number should be 10 times greater, since many who are infected have simply not been examined. In fact, the number of infected individuals is now doubling approximately every 10-11 months. We can calculate from this that by the year 2000, there will be around 200,000 infected homo- and bisexuals in the country. However, those who believe that the epidemic can be stopped by crushing and eradicating homosexuals are absolutely wrong, at least because we don't see how this could be done. What is most important is that the way to stop the epidemic is the opposite of what is proposed. We have always argued for the fastest possible legalization of homosexuals, and for an end to their discrimination, and we continue to do so. The presence of articles in the Criminal Code foreseeing punishment for homosexuality makes the homosexual population practically inaccessible to preventive measures.

The author offers the example of the USA as evidence in favor of his argument. However, without going into integral and differential calculus, we note that after homosexuality was legalized, the AIDS epidemic in San Francisco and Los Angeles practically came to a standstill. Homosexual organizations emerging from the underground accepted the job of sexual education and AIDS prevention.

We are grateful to G. Lukyanchikov in that by writing his article he has accelerated the efforts to legalize homosexuality, since no person with common sense could seriously

accept his arguments, which are totally permeated by homophobia and misanthropic sentiments.

[Signed] Dima Lychev, editor-in-chief of the newspaper 1/10 Associates of the editor's office: Tomash Radek, S.-D. Labetski, A. Prokofyev, S. Krivchik

### **Financing of Russian Anti-AIDS Program Uncertain**

92WE0411D Moscow KURANTY in Russian 1 Feb 92 p 2

[Article by Aleksandr Kharlamov: "AIDS Marches Across the Country"]

[Text] Scientific associates of the Central Scientific Research Institute of Epidemiology and AIDS specialists have reported that around 120 million citizens of the former USSR and around 1 million foreigners have been tested for AIDS in the country since 1986. As of 1 January 1992, 672 virus carriers and 60 patients have been revealed, and around 50 AIDS deaths have been recorded. According to the predictions the number of virus carriers may reach 10,000 persons in states of the Commonwealth by the year 2000.

Russia is producing a sufficient quantity of test systems for diagnosing AIDS. Specialists even feel that we could export our procedures abroad. However, it is still not clear how the anti-AIDS programs will be financed. To reduce the number of cases of infection by the AIDS virus, specialists suggest organizing safe sex lessons in vocational-technical schools, in specialized secondary schools and in the senior grades of secondary schools. Such work must also be carried out with representatives of the risk group—prostitutes, homosexuals and others.

### **Russia Announces Anti-AIDS Program**

92WE0411A Moscow NEZAVISIMAYA GAZETA in Russian 24 Mar 92 p 1

[Article by Andrey Bayduzhiy: "Russia Has Written a Program to Fight AIDS: Pessimistic Forecasts on the Disease's Spread Have Not Yet Come True"]

[Text] In March of this year Russia celebrated a sad anniversary—it was exactly 5 years ago that the first HIV carrier was registered on its territory. Since that time carriers of the virus have been registered in 45 republics, and 539 persons infected and ill with AIDS have been revealed in the krais and oblasts of the Russian Federation, 69 of whom have already died. In addition 340 foreigners infected with the virus have been deported from the country.

This week the board of the Russian Ministry of Health and the State Committee for Epidemiological Inspection adopted Russia's first anti-AIDS program for 1992-1995 jointly with the Academy of Medical Sciences. It was announced at a conference that the rather pessimistic forecasts announced a few years ago have not come true—the number of infected persons is several times below the prediction. According to Minister of Health Andrey Vorobyev, Russia is indebted almost entirely for its relative well being in the epidemiological aspect, including in relation to

AIDS, to a system of extensive medical testing of the population. While this system may be expensive and not beyond reproach from the standpoint of observing human rights, it is well organized. Just in 1991 25 million persons were tested, more than in all European countries put together. The Ministry of Health will continue to fight for continuation of this procedure in the future, as far as its strength will allow. "We do not intend to reject this system just because it's not in America," the minister declared. A branched network of anti-AIDS institutions is currently operating in Russia, including 68 territorial centers, over 700 laboratories and 128 anonymous testing offices.

Still, in the opinion of specialists there are no special grounds for rejoicing. Over half of the infected persons are in the so-called risk groups—prostitutes, drug addicts and homosexuals, who are practically out of reach of medical control, and the real number of infected persons among them is much greater than the quantity of carriers that have been detected. After the spread of the virus peaked in 1989-1990, during which time the number of infected individuals increased by several times as a result of transmission of infections within hospitals in the Northern Caucasus, and after a certain decrease in the number of infected individuals, in 1991 their number began to grow once again. In the first 2 months as many as 22 infected individuals were revealed, as compared to 66 cases in all of last year. The low level of public health services to the population can result at any moment in a situation where Russia will quickly "catch up" to countries of Western Europe.

Besides the purely medical problems, a number of other causes are making the work of doctors difficult. An article foreseeing punishment for homosexual behavior has still not been repealed from the Russian Criminal Code, and infected individuals of this group are afraid to get help. Nor is industry able to produce the needed quantity of protective resources. A paradoxical situation has evolved with condoms. While the demand for them is 1.2 billion units and only 226 million have been produced, these articles are still available in the stores—evidence that the overwhelming majority of the population simply does not use them.

### **AIDS Victims Support Society Meets in Moscow**

PM2804151392 Moscow Russian Television Network in Russian 1900 GMT 25 Apr 92

[From the "Vesti" newscast: Video report by N. Pavlov and D. Akinfeyev, identified by caption; figures in brackets denote broadcast time in GMT in hours, minutes, and seconds]

[Text] [191513] To date 516 people have been registered in Russia as infected by or suffering from AIDS. According to the Central Epidemiological Institute, 46 people have died of AIDS over the past five years. Characteristically, we pride ourselves on the small number of people suffering from AIDS in our country in comparison with other countries. However, medical personnel regard the system of identifying sufferers as ineffective. According to unofficial data, the number of people infected with AIDS in our country is much higher.

A voluntary society known as "You and Us," which was established on the initiative of people infected with the virus, met in Moscow today, to help resolve the problems of people whom this misfortune has befallen. Participants will seek to find jobs for people infected with the virus, organize a mutual support service, help to protect these people's legal rights, and advocate safe sex practices. It is inhuman, to say the least, to persecute people because they carry the AIDS virus. No one is immune against this disease. By ostracizing people and denying them elementary medical aid, we are risking driving this problem deep underground, with unpredictable consequences. [191616] [video shows laboratory scenes, world map showing incidence of AIDS, meeting, poster, more laboratory instruments]

**AIDS-Infected Blood Donor Discovered in Vilnius**

OW0205171692 Moscow BALTFAX in English  
1526 GMT 2 May 92

[Following item transmitted via KYODO]

[Text] The Lithuanian AIDS Prevention Center has announced the discovery of the 12th AIDS-infected resident of Lithuania. Deputy chief of the Center, Mr. Algimantas Treciokas, said in his interview to BALTFAX correspondent that the AIDS-infected individual had long been a permanent blood donor in Vilnius. Algimantas Treciokas confirmed the risk of infecting the patients receiving this donor's blood: in spite of the fact that blood is subjected to the AIDS test each time it is donated, there is a conservation period when the anti-bodies cannot be discovered in the AIDS-contaminated blood.

It seems that to the former blood donor the news of his AIDS infection came a complete surprise. Therefore no legal charges will be brought against him. The managers of the Center find it difficult to attribute him to any particular risk group.

**Company Offers Insurance Against AIDS**

LD1005063592 Moscow ITAR-TASS in English  
0449 GMT 10 May 92

[Article by ITAR-TASS correspondent Svetlana Kalashnikova]

[Text] Khabarovsk May 10 TASS—An insurance company in the Russian Far Eastern city of Khabarovsk has offered insurance against AIDS.

The company has already issued the first 100 certificates, which guarantee their holders a compensation of up to 50,000 rubles if they become infected.

Only one person has been tested HIV-positive in the region so far.

**AIDS Prevention Center Established**

LD1605135792 Moscow ITAR-TASS in English  
1908 GMT 14 May 92

[Article by ITAR-TASS correspondent Lyubov Dunayeva]

[Text] Moscow May 14 TASS—Russia has worked out a state programme for the prevention and treatment of AIDS. The programme is intended for the period ending in 1995 and covers such areas as the prevention of the spread of AIDS sexually or through blood transfusions, the ensurance of diagnostics, treatment and clinical examination of patients, etc., Vadim Pokrovskiy, doctor of medicine, director of the recently established Russian republican AIDS research and prevention methods centre, told ITAR-TASS.

Much attention in the programme is devoted to raising the effectiveness of research into HIV infection, he said. Since the beginning of the year, 50 new HIV-infection cases have been identified on the territory of the former Soviet Union. It is more than in the corresponding period of last year, Professor Pokrovskiy said.

Unfortunately, the scope of HIV-infection incidence will continue to grow subsequently as well because there is no monitoring of businessmen who arrive in this country, foreign tourists, and compatriots who travel abroad, he pointed out.

There have been some media reports recently about alleged instances of physician's being infected while giving medical aid to an AIDS patient. The data were not confirmed because an infected physician had not been examined prior to contacts with the patient and had other infection risk factors, Pokrovskiy said.

**Moscow University Claims AIDS Virus Dormant in Every Person**

LD2705140292 Moscow ITAR-TASS World Service  
in Russian 1210 GMT 27 May 92

[Excerpts] Moscow, 27 May (ITAR-TASS) —Sensational information has arrived from the Biological Department of Moscow State University. A DNA site homologous to the DNA of the AIDS virus has been discovered in the 19th chromosome of a healthy individual's cell. This is reported in today's edition of the "24" newspaper. However, despite the daring statement bordering on a major discovery, no detailed information is available on the discovery or its author. [Passage omitted: named scientists quoted evaluating the discovery]

Fifty AIDS infected people have been registered in the CIS since early January—more than over the same period of last year. The "VOSTOCHNYY EKSPRESS" newspaper notes that the forecast is gloomy: the epidemic will spread owing to the flow of foreign tourists and entrepreneurs to our country which is not monitored through AIDS testing. Russian citizens, too, can "bring" the dangerous virus from abroad.



## DENMARK

**Hospital Chief Physician on AIDS Testing**

92WE0403A Copenhagen BERLINGSKE TIDENDE  
in Danish 23 Mar 92 p 4

[Article by Jens Thomsen: "Chief Physician Wants Law on AIDS Testing"]

[Text] The law should make AIDS testing a matter of course in order to limit the spread of the disease, a chief physician has proposed. He believes that many HIV-positive people are not protecting their partners during intercourse.

It should be made legal for doctors to test patients for AIDS without first asking their permission, according to Dr. Hugh Zachariae, chief physician at Marselisborg Hospital in Aarhus.

BERLINGSKE TIDENDE revealed yesterday that some physicians test their patients for AIDS without consulting them first. This is illegal, but the situation is "absurd," according to Zachariae. He proposes reintroducing the law on sexually transmitted diseases.

"When the law on sexually transmitted diseases was abolished, it sent the wrong signal to the people: 'It is your own business if you want to know if you are HIV-positive or not.' All the responsibility is placed on those who are well and must protect themselves, but some responsibility must also be placed on those who are infected," Zachariae said.

The law on sexually transmitted diseases required anyone who believed he may be infected to submit to an examination. If necessary a health inspector, assisted by the police, could forcibly examine a possible carrier of infection. Instead of abolishing the law in 1987, legislators should have adapted it to include the HIV virus, as they did in Sweden, according to Zachariae.

"The administration of HIV tests entails numerous regulations that apply to no other examinations. In the past, all hospital patients were tested for syphilis. That was a routine matter that no one questioned. After all, society is spending hundreds of thousands of kroner to treat HIV victims. As a result, we must also make certain demands of them," he said.

Zachariae pointed out that in 1989 and 1990 a total of 39 HIV-infected people were found to have venereal diseases they could have contracted only by unprotected intercourse. He pointed out that it was impossible to punish those who are infected, but that he was interested in their responsibility for preventing the disease from being spread further.

Health Minister Ester Larsen (Liberal Party) said yesterday on Radio Denmark that she could not support a change in the law and chief physician Michael von Magnus of the National Health Board said that, in his opinion, the AIDS problem could not be reduced by going after the infected, but rather by informing those who are well.

**National AIDS Statistics, Trends Reported**

92WE0474A Nuuk GRONLANDSPOSTEN in Danish  
8 May 92 p 2

[Unattributed article: "HIV From Greenland to Denmark"]

[Text] In its monthly publication AIDSNYT, the State Serum Institute of Denmark announced that by the end of February 1992 a total of 783 cases of HIV infection in Denmark had been reported to the institute.

The paper continued:

"It is important to find out where people became infected if we want to understand why more and more cases have been transmitted by heterosexual contact. Of the 165 people who learned they were HIV-positive during the second half of 1991, 43 percent were gay or bisexual.

But what is the cause of the rising percentage of heterosexual cases?

A closer analysis of the figures shows that infection contracted abroad is an important reason for the rising number of heterosexuals with the virus. It should be stressed, however, that infection by heterosexual contact also occurs in Denmark. Of the 216 cases of heterosexually transmitted HIV reported since 1 August 1990, 112 (52 percent) were found among immigrants or Danes who had sex in other countries. Nine became infected during sex in Greenland and 78 cases of heterosexual transmission involved Danes who had sex in Denmark. For the remaining 17 cases, the place of infection is unclear or unknown.

## FINLAND

**HIV-Positive Foreigner Accused of Endangering Others**

92WE0442A Helsinki HELSINGIN SANOMAT  
in Finnish 25 Apr 92 p 7

[Unattributed article: "HIV-Positive Man Charged With Fornication That Infringes on Liberty of Others"]

[Text] A trial is in progress in Helsinki Municipal Court in which an HIV-positive male foreigner is charged with fornication that infringes on the liberty [of others]. The same man was sentenced earlier this year to a short suspended prison sentence for rape committed under particularly extenuating circumstances.

The man is at present in custody. The arraignment was held behind closed doors, but the actual trial is public.

On the basis of the pretrial investigation, the police charged that what was at issue was attempted murder and fornication that infringes on the liberty of others, but the prosecutor does not yet feel that he can charge the man with anything more than the latter crime.

The investigations as to when the man was diagnosed to be HIV-positive and whether he was aware that he was infected at the time of his actions are still in progress.

Whether the plaintiff is infected will be known in 4 months at the earliest. After that, District Attorney Anu Mantila thinks that the charges may be reconsidered.



During the first hearing of the case the man denied that he knew that he was infected. He said that he had been tested recently, when he came to Finland. At that time he was clean.

According to the report, the man left a restaurant to go somewhere else with two female students. He lay there, passed out, in the apartment of one of the students.

Last fall an HIV trial came to an end in which a man who had infected another man with the virus was sentenced to two years in prison without possibility of parole for aggravated assault and involuntary manslaughter. However, rape was not at issue.

#### Stiff Sentence in Sweden

In a decision recently rendered by the Svea Court of Appeal in Sweden, an HIV-positive Swedish man's 7-year sentence for rape remains unchanged. The court also considered the damages amounting to hundreds of thousands of markkaa awarded the woman he infected to be appropriate.

The rape occurred in 1990. The woman had gone to the man's apartment voluntarily and there the man informed her that he was infected. Then the man had forcible sexual intercourse with the woman several times.

The mother of two children, the woman did not report the incident to the police until several months later.

The court considered the man to be aware that he was infected and thus guilty of aggravated rape and assault.

### FRANCE

#### New Measures To Improve Struggle Against AIDS

92P20246A Paris LE MONDE in French 24 Apr 92  
p 10

[Unattributed article: "Screening Test for AIDS Virus To Be Reimbursed Fully"]

[Text] On Wednesday 22 April, Bernard Kouchner, minister of health and humanitarian action, presented a number of measures to the Council of Ministers intended to improve the fight against the AIDS epidemic. Confirming that screening for the AIDS virus will not be made mandatory, Mr. Kouchner announced that when the AIDS screening test is prescribed as the result of a medical consultation, it will henceforth be 100 percent reimbursed. It was also decided that the number of free screening centers, where tests are done anonymously, will be doubled so that soon there will be approximately 250 throughout France.

As Jean-Louis Bianco had previously indicated, screening can be conducted in public health clinics, consultation centers for maternal and infant welfare, and centers for family planning and education.

The award of "grand national cause" for 1992 was bestowed upon the National Agency for the Fight Against AIDS in recognition of their informational activities campaign. All physicians will be apprised of the rule which prohibits

administering screening tests without a person's knowledge, and without notifying them of the results.

Finally, the funds allocated by the state for AIDS prevention will be increased to 200 million francs (Fr) in 1992 (compared to Fr140 million in 1991). The expense borne by health insurance programs in 1992 to ensure that the screening test remains free will be Fr200 million.

### GREECE

#### Latest AIDS Statistics Published

92WE0416A Athens ELEVTHERTOTYPIA in Greek  
15 Apr 92 p 19

[Text] In the first few months of 1992, 50 more individuals were added to the number of those afflicted with AIDS, raising the number of cases to 609 by the end of March. Among the victims, 12 are children.

According to data made public yesterday by Minister of Health G. Sourlas, the majority of the victims are adult males. Specifically, of a total of 597 adult patients, 534 were men and only 63 women.

The age group most affected by AIDS is between 30 and 50 years of age. Divided in five-year blocs, in the group 30 to 34 years old, we have 108 patients both male and female; in the group 35 to 39, 109 patients and in the group 40 to 49, 116 victims.

It is worth noting that 17 AIDS patients were over 60 years of age.

#### The Most Likely Victims

The categories regarding the mode of transmission are divided as follows:

- 312 are male homosexuals and bisexuals
- 28 are drug addicts
- 116 persons had heterosexual sexual contacts
- 39 persons had blood transfusions and an equal number of persons received blood derivatives.

Another five are homosexual/drug addicts, while those remaining have not yet been classified by the authorities of the Ministry of Health.

To meet the problems of carriers as well as patients, who, for whatever reason, cannot find housing, G. Sourlas announced yesterday that soon three hostels will be established, two in Athens and one in Thessaloniki.

### IRELAND

#### Health Officials Give AIDS Statistics

##### Health Minister's Figures

92WE0431A Dublin IRISH INDEPENDENT  
in English 27 Mar 92 p 3

[Text] More than 100 people have died from AIDS here according to the latest figures released yesterday by Health Minister Dr. John O'Connell. And another 161 who have

developed the disease will require nursing and hospital facilities as their conditions worsened.

The figures also disclose that 1,200 people have been tested positive for HIV, and it was expected there were more than this infected, Dr. O'Connell said.

It was vital to develop a fully integrated framework to deal with AIDS and HIV, said the Minister. Recommendations for this would be brought forward by the National AIDS Strategy Committee and would be funded to enable the services to respond effectively.

Fine Gael health spokesman Richard Bruton said that in Britain health areas budgeted for £30,000 per person suffering from AIDS. But in Ireland a GP only had about £20 to provide for AIDS victims, under the terms of the GMS.

Dublin was facing a health care disaster over AIDS that could earn it the nickname, "European City of HIV Culture", said Dr. Colm O'Mahony, an expert on sexually transmitted diseases.

#### Coordinator's Statement

92WE0431B Dublin IRISH INDEPENDENT  
in English 12 Mar 92 p 16

[Article by Clodagh Sheehy]

[Text] Full-blown AIDS cases were increasing "very, very quickly", a leading doctor warned yesterday.

National AIDS coordinator, Dr. James Walsh's remarks came as one major Dublin hospital announced it was reaching its capacity to deal with the demand for beds for AIDS patients.

John O'Brien, deputy chief executive officer of St. James's Hospital, said they had allocated four beds for these patients last October and this had increased to 15 in January.

"We would feel we are reaching capacity to deal with this problem," said Mr. O'Brien.

He said the only way they could provide any additional beds in this area would be to displace beds for other categories of patient.

Dr. Walsh pointed out the number of full-blown AIDS cases had increased from 230 at the beginning of December to more than 260 now.

He said St. James's was dealing with 700 in and out-patients infected with the AIDS virus and that figure could rise by up to another 400 in the near future.

According to the Irish Medical Times, four more people have died of AIDS in the past month and six new cases of the disease have been reported, while a total of 101 people have died of the illness.

The biggest number of deaths has been in the homosexual and bisexual group, where 34 people with full blown AIDS have died.

The next largest group is intravenous drug users, where 32 have died.

Eleven hemophiliacs have died, eight people who contracted AIDS heterosexually, six who were homosexual or bisexual and intravenous drug users, six babies born to drug users and four people in an undetermined category.

#### SWEDEN

##### Court-Ordered Quarantining of HIV Carriers

92WE0419B Stockholm DAGENS NYHETER  
in Swedish 1 Apr 92 p 5

[Article by Kerstin Hellborn: "Six Infected Are Quarantined"—first paragraph is DAGENS NYHETER introduction]

[Text] A man sentenced on Tuesday to seven years in prison for rape is one of 12 HIV-positive individuals who have been placed in quarantine under the Contagious Diseases Protection Act. Currently there are six individuals in quarantine.

The man sentenced for rape was one of the six who had been discharged. He has been HIV positive since the middle of the 1980's, but since he followed the directives for HIV-positive individuals before the rape, there was no cause for public health doctors to intervene. After the rape, the man was taken into custody and quarantined for seven months.

"Later, we discharged him because we deemed that he understood how to live with the HIV infection without spreading it. He understood what was at stake and he was under the supervision of various projects, a methadone project, among others. And he followed the directives after discharge," said Barbro Beck, director for the Yellow House in Danderyd, where HIV individuals under quarantine are held.

##### "National Spaces"

Today six individuals are quarantined, five of whom are at the Yellow House and one who is on probation at a treatment center. One of the six, a prostitute, has been quarantined since 1987.

Altogether, there are 10 "national spaces" for those in quarantine, six at the Yellow House and four at Beckomberga. These cover the need.

Despite this, there continues to be strong criticism of the free hand in Sweden to place HIV individuals into quarantine. Sweden is the only country in Europe that does not follow the European Council's recommendations on the civil rights of individuals testing positive for HIV. In Sweden, HIV is classed as a socially-hazardous infectious disease and can therefore be covered by the Contagious Diseases Protection Act.

In the rest of Europe, HIV is not regarded as a socially-hazardous disease because the infection can not be spread, for example, by air or water. The HIV-positive individual who knowingly spreads the infection via unsafe sex is regarded as having committed a crime and is sentenced to a jail term pursuant to the criminal code.

Last Tuesday, the Riksdag's social committee deliberated on four separate motions concerning the inclusion of HIV

among the socially-hazardous diseases covered by the Contagious Diseases Protection Act. All four motions advised conforming to the recommendations of the European Council, but all were rejected on the basis that the matter is already under debate by the AIDS delegation.

#### Major Review

The same line is taken by the National Health Board who, in a major review of the Contagious Diseases Protection Act conducted several weeks ago, wrote in a passage pertaining to HIV that the policy in Sweden was fine as it was. HIV will remain under the Contagious Diseases Protection Act, including the possibility of quarantining individuals with HIV.

#### HIV Increases Among Homosexuals, Immigrants

92WE0419A Stockholm DAGENS NYHETER  
in Swedish 3 Apr 92 p 5

[Article by Kerstin Hellbom: "HIV Cases Number 3,000 in Sweden"—first paragraph is DAGENS NYHETER introduction]

[Text] At least 10,000 people in Scandinavia have been infected with HIV. Of those, approximately 1,860 developed AIDS, about half of whom have died.

These figures were disclosed yesterday at a seminar given at the new infectious diseases clinic at Huddinge Hospital, in which representatives from all the Scandinavian countries and the Baltic states discussed the various patterns of contagion in their respective countries.

Most surprising were the figures from Finland, which has only 371 reported HIV positive individuals, compared to Denmark's approximately 5,000 infected. The figures for Denmark are only an estimate because testing and reporting are not undertaken to the same extent as in other Nordic countries, although the figures are well supported.

More accurately documented are the approximately 1,000 AIDS patients in Denmark, against Finland's exactly 100 cases.

#### Most are Homosexuals

"We can attribute our high rate of contagion to active homosexual populations in the beginning and middle 1980's. They travelled frequently to the United States. It is true that the rate of spreading among them is no longer increasing, but they still comprise 66 percent of all HIV positive cases in Denmark," said Dr. Peter Skinhoj, professor of infectious diseases at the Rigshospital in Copenhagen.

In Finland, as in other Nordic countries, most HIV-positive individuals were infected through homosexual contact. The fact that Finland has comparatively few infected individuals is thought to be due to two factors: strict immigration policy and the small number of needle-users. The Finnish drug addicts, it was said, move to Sweden.

Sweden stands second on the list with regard to the extent of contagion in Scandinavia. Up to and including March of this year, a total of about 3,000 HIV-infected individuals have been reported, 600 of whom went on to get AIDS, and

about 300 who died. In Sweden, also, it is still largely homosexuals who are among the newly-reported HIV cases.

#### Infected Abroad

"The infection is increasing among heterosexuals, but the entire increase is among immigrants. The disease is not increasing among heterosexual Swedes," said Professor Sven Britto, director of the new infectious diseases clinic.

According to last year's figures (see table), 180 of the year's 329 reported HIV cases were heterosexually infected. Of these, 151 were immigrants, and of the remaining 29, about half were infected either abroad or by immigrants to Sweden. The same pattern was also reported in other Scandinavian countries.

Norway, which has 1,100 reported HIV cases, 260 of whom have gotten AIDS, differs from the other countries in that the infection is increasing among homosexual men.

"Despite the massive information campaign we undertook among them, the infection is spreading. Fully half of the HIV-positive homosexuals have been infected in the last three years. That is very disturbing," said Norway's representative, Bjarne Bjorvatn.

Iceland has only 70 HIV cases, 22 of whom have gotten AIDS. Nevertheless, the figures are quite high in proportion to the number of inhabitants—about 300,000 people. And finally, in the Baltic states, about 20 HIV cases per country have been reported.

#### HIV Cases Reported in Sweden

Immigrants from Africa	131
Immigrants from other countries	20
Homosexual men	104
Drug users	30
Heterosexual Swedes	29
Blood transfusion abroad	3
Child, infected by mother	8
Unknown infection source	4
Total	329

#### Separate Daycare Centers for Children With HIV

92WE0453B Stockholm DAGENS NYHETER  
in Swedish 30 Apr 92 p 48

[Article by Lasse Granstrand: "Children With HIV To Get Their Own Daycare Centers"]

[Text] "No child with HIV infection under the age of five will be placed in regular playschools or daycare centers in Stockholm." That was the message delivered by Lennart Rydberg (Liberal Party), the [Stockholm] social affairs commissioner.

In the Stockholm region two HIV-positive children have been placed in regular playschools. There are an additional eight infected children in a special daycare center run by the City Mission in collaboration with the city.

Should not all parents be informed about such a placement? "This will be assessed on a case-by-case basis," said Lennart Rydberg. "I can assure you that the placements will be made in a safe manner."

What will happen when the children start school? "We will not have any special HIV classes," Rydberg said.

According to Margareta Nuder, the head of child care in Stockholm, only older HIV-positive children can be considered for regular playschool groups. Younger children are much more prone to infection and need to be put in their own small group. According to Nuder, most parents of HIV-positive children have also preferred the special day-care center.

#### **AIDS, HIV Case Statistics Analyzed**

92WE0453A Stockholm DAGENS NYHETER  
in Swedish 3 May 92 p 5

[Text] Eighty-seven new cases of HIV infection in Sweden were reported in the first quarter of this year. Of these, 34 had been infected through homosexual and 49 through heterosexual intercourse. Of the latter group, 12 were of Swedish origin and eight of these were presumably infected abroad.

According to EPID-AKTUELLT, the newsletter of the National Bacteriological Laboratory, SBL, a total of 3,055 cases of HIV infection has been reported in Sweden since the disease became known in the mid-1980's. Of these, 668 have developed AIDS.

Of the HIV cases, 2,456 are men and 599 women. 1,441 men and no women had gotten the disease through homosexual activity. For heterosexuals, the figures are 410 men and 366 women. In a total of 606 of the cases, the infection had been transmitted when drug users used one another's syringes. Ninety-one were infected with infected blood in connection with blood transfusions.

Infection through a blood transfusion no longer occurs. "Syringe transmission" is also declining—during the first three months of this year, two such HIV cases were reported. Of those Swedes who are now getting infected, the overwhelming number are homosexual men.

#### **Infected Abroad**

Of the first quarter's 34 new cases of HIV-infected homosexual men, 25 were of Swedish origin. Of the 49 heterosexuals (28 men and 21 women), 12 were Swedes. Of these 12, eight may have been infected abroad, whereas four are believed to have been infected in Sweden.

The other, foreign, heterosexuals infected got the disease before they arrived in Sweden.

The report again demonstrates that within Sweden there are few people who are infected by Swedes through heterosexual contact. Among heterosexually-infected girls under 20 years old, for example, two-thirds were infected by Africans and the rest by South Europeans.

Infection from a foreigner also predominates among older youths in this group, according to EPID-AKTUELLT. This was true in 60 percent of the cases. Close to one-fourth had been infected by drug users.

#### **Risk Factor**

According to Professor Margareta Bottiger of the SBL, authorities estimate there is quite a delay before a person gets tested for HIV if she or he does not know of any risk factor in their partner.

These unknown cases of infection are first detected when they get sick, become pregnant, donate blood, or in contact tracing when another HIV case is discovered. That can take upwards of five to ten years.

"So our statistics must always be assessed with various provisos," Bottiger added.



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